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THE HOSPITAL WORLD

Vol. XI (XXII) Toronto, January, 1917 No. 1

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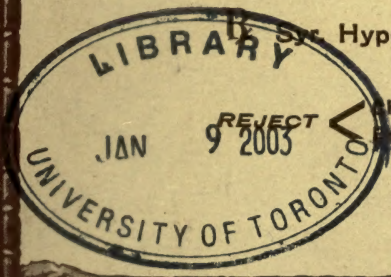
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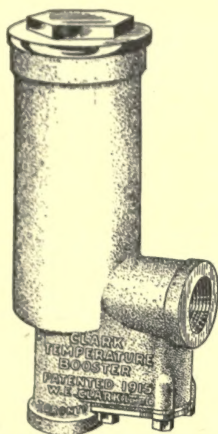
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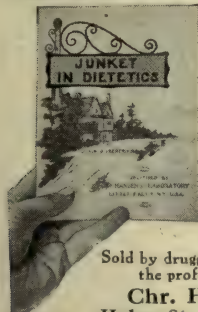


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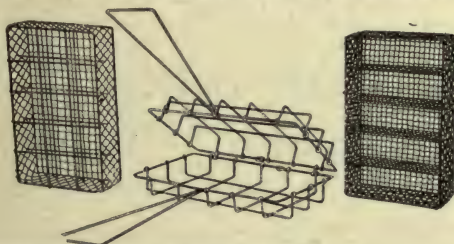
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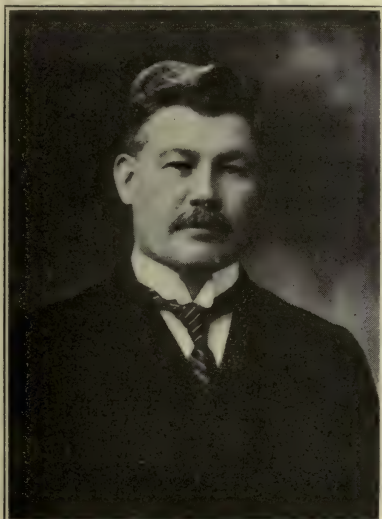
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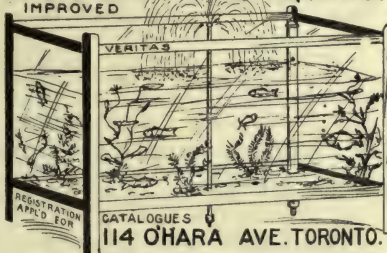
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Vol. XI.

TORONTO, JANUARY, 1917

No. 1

Editorials

TWO FARM COLONIES FOR MENTAL DEFECTIVES AN ABSOLUTE NECESSITY

THIS Journal has on several occasions expressed its views editorially on the subject of the Mental Defectives and the utter lack of care they are receiving

from both the Municipality of the City of Toronto and the Government of the Province of Ontario.

We have not been alone in our appeals on this subject, but so far they have fallen on deaf ears, as nothing of a practical character has been accomplished in behalf of these poor unfortunates, who continue to be a ghastly menace to those around them. It is a blot of the blackest hue that our City and Government should sit supinely and see Society riddled with disease of the foulest kind, the Municipality placing the blame on the Government, and *vice versa*. Can nothing be done to bring these two bodies together? The Association for the Protection of the Feeble-minded has worked hard and assiduously to accomplish something, but up till the present without result. This Association is asking the Government for the small sum of fifty dollars a head per annum, and a further sum of one hundred dollars per head per annum from both The Board of Education and The Separate School Board. Surely their request will be granted—if not, no one can tell the result to future generations of such unpardonable neglect. We venture the opinion that, if Toronto but knew the facts, the revolting conditions now prevalent, and the extent to which moral depravity is eating into the very vitals of Society, a deputation almost as large as that of last winter would storm the Parliament Buildings and also the City Council Chamber and force the hand of the sleepers, who, for the sake of a few dollars, allow a condition to exist that should not be tolerated by

decent people. The Association named has prepared a census of the conditions among the Feeble-minded in Toronto which, if published, would make the blood boil. As Dr. Clarence Hincks said at the Academy of Medicine meeting on November 30th, of the 1,445 examinations 55 per cent. are habitual criminals. There are now wandering around our city 285 feeble-minded people who are habitual thieves. Why? Because there is no room at the Institution at Orillia, and the Government have so far refused to provide shelter for them. There are 59 people at large in Toronto belonging to the feeble-minded class who delight to burn down buildings, and another 120 who have murderous intentions and are roaming our city streets. *Are they a ghastly menace to Society or not?* Our readers can quickly answer that question. It has been shown further that 60 per cent of our Scarlet women are feeble-minded, and "of 201 cases of absolute incorrigibility among feeble-minded school children, 53 are victims of the worst type of sexual immorality and are running amuck among the children of our schools, each one a pus centre of moral contagion." It is all very well for our City Councilors to tell the press, now that the Elections are here, what they *intend* to do, but this amounts to but a vain repetition and nothing is done.* *Actions speak louder than words.* We state again, and most emphatically, that it is a positive duty on the part of

*We are quite aware of the fact that, for the past two years, a great deal of additional work has fallen upon the Ontario Institutions in taking care of the large number of demented and shell-shocked soldiers who have been invalided home; but why was nothing done prior to August, 1914? The care of our mental defectives is no new subject, as it is a matter of years now since the authorities have had their attention drawn to it.

our Legislators, whether Municipal, Provincial, or both, to provide at least two Farm Colonies for these individuals, this being the only effective means of taking care of them, and, by this means, prevent them not only from re-producing, but from becoming contagion carriers far and wide. As we have asked before, why is greater care not used by our Immigration Inspectors at the border, who admit defectives to the Dominion? Are these Inspectors educated men, or appointees of a political party? If the former, why is it that 54 per cent. of some classes of immigrants are feeble-minded? We congratulate the Chairman of the Section of State Medicine of the Academy of Medicine for his work in bringing this subject into such prominence, as also such Psychiatrists as Dr. C. K. Clarke, Dr. Clarence Hincks and Dr. F. G. Conboy. Let these men see to it that they fall not by the wayside, but persist in their efforts until they are, as we trust they will soon be, crowned with success, by harboring under proper surroundings those unfortunate beings who cannot be held "to strict accountability."

W. A. Y.

THE WORK OF THE DOMINION MILITARY HOSPITALS COMMISSION

SURELY it is only right that we give credit where credit is due and make reference to some of the splendid achievements of the Dominion Military Hospitals Commission, who are engaged twenty-four hours a day in a work of labor and love. All honor to the members of that body who have so far given practically all of their time to seeing how much they can do for "the boys" who have come home, and who, if possible, will return to do more and yet more for the Grand Old Flag. The Dominion Government are to be congratulated upon, not only the *personnel* of the Commission, but the liberality with which they have supported them, whereby the sick, the maimed and the blind can be made as comfortable as possible, hastened back to health and, where unable for physical reasons to return to the firing line, find them employment suitable to their particular case.

What have the Commission done? On November 1st they had 2,000 cases in charge, of which no less than one-fifth were tubercular, and were placed in suitable sanatoria, and two per cent. insane and were immediately comfortably ensconced in our different asylums. Up till October 5th over 6,200 men, suffering from wounds or illness, have been cared for. In the case of those who cannot resume their regular trade special training in suitable callings is provided absolutely free of cost. Artificial limbs are given gratis, while hundreds of men re-

turning suffering from shell shock are looked after and suitably treated at Cobourg and Whitby. Through the Commission, practically every Province of Canada has appointed its own Commission to assist discharged men in finding profitable work. The Government makes it also a rule to fill all vacancies as nearly as possible with returned soldiers. We express the earnest hope that not only every Province in Canada, but every Municipality as well, will do likewise, and see to it that not a returned man able to work will go unemployed, discharging any and every "shirker" in order to make a place for the one who knows from personal experience what active service really means. It should be borne in mind that employment and the peace of mind that follows is in itself curative. Even if the Military Hospitals Commission did nothing but discover what trade each and every disabled soldier is best fitted for, and then give him a thorough training accordingly, they will have earned the "Well done, good and faithful servant" from every true lover of "The Land of the Maple Leaf," 375,000 of whom, when the bugle sounded, stood at attention and said "Here am I, send me."

W. A. Y.

Original Contributions

LITTLE JOURNEYS

BY J. N. E. BROWN.

Superintendent, Henry Ford Hospital, Detroit, Mich.

UNIVERSITY HOSPITAL, ANN ARBOR.

The Psychopathic Pavilion.

THIS is the pioneer hospital in America for the special study of acute mental diseases in a separate pavilion, in connection with a general hospital, apart from asylums, or State hospitals. There are several such institutions now—pavilion "F" at Albany, under the direction of Dr. Mosher; the Boston Psychopathic under Dr. Southard, and the Phipps Psychiatric, at Johns Hopkins, under Dr. Meyer.

Several general hospitals have *wards* for these psychopathic cases.

Dr. Barrett thinks every large, general hospital should make provision for taking care of the cases of delirium and other acute disturbed mental conditions developing within its own walls.

He would not make provision for admitting cases of delirium tremens. He is not much in sympathy with this sort of case, seeing the victims have themselves to blame largely. Provision should be made, of course, for the care of hysteria, neurasthenia and other functional nervous diseases.

In connection with a large general hospital, a pavilion for fifty patients suffering from acute mental disturbance would be a great boon, especially for people in moderate circumstances. These people cannot be admitted as indigent patients are at Ann Arbor and, on the other hand, can not pay a rate of \$45.00 per month which is charged by many sanitariums.

Dr. Barrett showed us a boy, aged thirteen, who had been in jail for stealing—a mental defective, the son of a syphilitic father. Another small boy, aged ten, bright mentally, had a knowledge of sexual matters, and had abnormally indulged in the same, like an adult habitue. A woman was shown in a delirious condition, the result of an acute infection of the kidneys. A young woman in a continuous bath was recovering from a maniac attack. The pavilion was full of patients, all quite free from restraint, being treated as other sick people are.

Dr. Barrett holds that there is a great need for social service work in homes whence these patients come, and whither they return after treatment in the psychopathic hospitals and asylums. Some of these patients have no proper home to be sent to—without a proper environment, they will lapse into their previous condition.

The Contagious Disease Hospital.

This little hospital has been erected within the past year and a half. It is the second of its sort in America. The work here is carried on as it is in the contagious disease hospital at Providence, R.I., under Dr. Richardson, on the theory that the spread of contagious disease is due to the carrying of organisms by direct contact rather than aerially. So a rigid technique is carried out by doctors, nurses and attendants. A nurse trained at the Providence institution is in charge of the nursing.

Dr. Belfield, who has had special experience in diseases of children at the Michael Reese Hospital, and of contagious diseases both here and abroad, has charge of the medical treatment. We applied for admission at the first floor entrance; and were directed to the basement entrance just below. We entered a corridor running through the centre of the building lengthwise. On each side were small rooms, aseptic, septic, for visitors; septic and aseptic for soiled and sterile mattresses and clothes requiring disinfection; laboratory and storage rooms. They are disinfecting by formalin, having found that steam sets the stains in the linen.

The dishes used by the patients are sterilized in an ordinary utensil sterilizer placed in the diet kitchen. The refuse having been cleaned off the dishes, trays with their dishes are set one over the other inside the sterilizer. The trays are aluminum and seem irremediably discolored by the action of the boiling. We were informed that this was due to the hardness of the water, possibly to the presence of lime. The dishes are boiled for fifteen minutes.

The food leavings are buried by an attendant, without having been sterilized.

On the first floor are small wards on either side of the corridor. Here were scarlet fever, chickenpox, mumps, diphtheria, the same nurse going from one case to another irrespective of the disease. Medical asepsis is practiced. The chief precaution taken is a careful scrubbing of the hands at the lavatories provided in each ward, and the separations of each patient's dishes and utensils and their sterilization.

The results almost since the first have been eminently satisfactory; they have no cross infection.

War Hospitals

DOUBLES CAPACITY OF ORPINGTON HOSPITAL

INSTRUCTIONS were sent last month to England by the Provincial Government for the immediate preparation of plans and estimates for the enlargement of the Ontario Military Hospital at Orpington, England, which would give capacity for 2,014 beds. As the cost of all sorts of material has risen considerably since the hospital was erected a proportionately larger expenditure than required for the original hospital will be entailed, but an important part of the necessary material has already been secured and no time will be lost in carrying out the plans to a successful completion.

For some time past the hospital has been taxed to its fullest capacity in caring for wounded soldiers coming from the front. All reports indicate, says a statement by Premier Hearst, that the hospital as erected by the Ontario Government under the personal supervision of Dr. Pyne, has proven eminently satisfactory both as to site and equipment, and that the work of the staff sent from this Province is greatly appreciated by the English authorities as well as by those who have received treatment at the hospital from time to time.

A further indication of the usefulness of the hospital has now come to hand in the shape of a request from the Ottawa Government, made at the suggestion of Sir George Perley, that the hospital be enlarged to meet the growing demands upon it; in fact that its capacity be about doubled. In making this request Sir Robert Borden has pointed out that the extension can be accomplished without materially increasing the staff or kitchen accommodation of the hospital. He adds:—

“I would be grateful if your Government would consider the question of enlarging the Ontario hospital at Orpington by one thousand beds, and in doing so I am confident you will be rendering a real service to the Dominion and the Empire at this juncture.”

On receipt of this request the Government of Ontario promptly agreed to undertake the work, provided difficulties of an unsurmountable nature did not intervene. In doing so the Prime Minister assured Sir Robert that this Province is anxious to assist in every way possible in bringing about final and complete victory, and that it considers that the providing of the best hospital accommodation is of the utmost importance. The site already secured is sufficient for the enlarged hospital, and it will not be necessary, as already mentioned, to materially increase the staff.

CANADIAN ARMY MEDICAL CORPS

In a recent address, the Hon. A. E. Kemp, Canada's new Minister of Militia, said, amongst other things:

"The work of the Army Medical Corps must not be forgotten. At the present time there are in France thirteen field ambulances, each with an establishment of 192. Seven Canadian General Hospitals, five in France and two in Greece, each with an establishment of 310, with 1,040 beds and equipment, almost the equivalent of your own General Hospital in Toronto here, are now in operation.

"Under the auspices of the Canadian Army Medical Corps we are also conducting eight Canadian Stationary Hospitals, with an establishment of 160 and each containing 400 beds. Four of these hospitals are in France, three in England and one in Greece. The C.A.M.C. are also in charge of four casualty clearing stations, with an establishment of 87, and each containing 200 beds. Three of these stations are in France and one in England.

"In addition to the foregoing there are the following purely Canadian hospitals:

Moore Barracks Hospital, Shorncliffe, England.

Central Military Hospital, Shorncliffe, England.

Westcliffe Canadian Eye and Ear Hospital, Folkestone, England.

Granville Canadian Special Hospital, Ramsgate, England.
Ontario Military Hospital, Orpington, Kent, England.

King's Daughters Canadian Red Cross Hospital, Bushey Park, England.

Duchess of Connaught Canadian Red Cross Hospital, Taplow, Bucks, England.

Canadian Red Cross Special Hospital, Buxton, England.

Perkins Hospital for Officers, Bull Heath, England.

Canadian Convalescent Hospital, Bromley, Kent, England.

Canadian Convalescent Hospital, Uxbridge, England.

Canadian Convalescent Hospital, Epsom, England.

Canadian Convalescent Hospital, Bearwood Park, Wokingham, England.

Daughters of the Empire Canadian Red Cross Hospital, 1 Hyde Park Place, London W., England.

No. 1 Canadian Mobile Laboratory, 2nd Army, France.

No. 2 Canadian Mobile Laboratory, Shorncliffe, England.

Canadian Base Depot, Medical Stores, Southampton, England.

No. 1 Canadian Advanced Medical Stores, Shorncliffe, England.

No. 2 Canadian Advanced Medical Stores, France.

No. 3 Canadian Advanced Medical Stores, Bramshott, England.

No. 4 Canadian Advanced Medical Stores, London, England.

No. 5 Canadian Advanced Medical Stores, Bath, England."

QUEEN'S BUILDINGS FOR RETURNED SOLDIERS

THE Military Hospitals Commission has already secured all the accommodation it needs for the one thousand convalescent soldiers whom it desires to locate in Kingston. Queen's University authorities have given their Arts Building and Grant Hall to the Commission, while the Court House, two halls in the city buildings and the old British-American Hotel, recently closed, are also at its disposal. More than 600 soldiers can be accommodated at Queen's alone.

CANADIAN WOMEN'S GIFT—HOSPITAL AT CHATHAM, ENGLAND

THE Duke and Duchess of Connaught journeyed to Chatham for the opening on November 23rd of the new wing of the naval hospital given by the women of Canada.

Sir Arthur May, Director-General of the Admiralty, explained that during the first week of the war the women of Canada, through the Duchess, offered a hospital ship, sending ten thousand pounds for the purpose. The Admiralty considered a more practical use for the money would be the provision of a hundred more beds in Haslar Hospital. Since then this special Canadian fund has grown to forty thousand pounds, which had thus resulted in the present wing at Chatham.

Sir Arthur paid tribute to the Canadian women's work in the war, while "we in England are also simply amazed at what her men have done."

The Duke of Connaught, following the Duchess' formal opening of the new wing, said that however splendid the men of Canada had acted, the women had done equally as well. During his term there they had responded with eagerness to every call, and in this case had not waited to be called upon.

The Canadian coat of arms is outside the new wing, the inscription stating the gift is "in love and loyalty to our King and Empire, and in undying gratitude for the brave men fighting for the vindication of our honor among nations."

MILITARY HOSPITALS COMMISSION EXTENDING SCOPE OF ITS WORK

THE Military Hospitals Commission is extending the scope of its work in caring for Canadian wounded. In addition to the convalescents, who are coming over in a constant stream from the overseas hospitals, the commission is preparing to provide accommodation and treatment in Canada for no less than three thousand hospital cases.

The preparations are in charge of Lieut-Col. Alfred Thompson, M.P., chief medical officer of the commission, and rapid progress has been made in securing the necessary accommodation. The old Loyola College building in Montreal has been taken over from a syndicate which now owns the property and is being fitted up for the care of from two hundred to two hundred and fifty cases. The Strathcona Hospital at Edmonton has also been taken over and will be equipped for the accommodation of another hundred and fifty patients. Perhaps the most important step, however, is the proposed temporary acquisition of the new buildings of the Provincial Asylum erected by the Ontario Government at Whitby. Negotiations for the transfer of these buildings are now in progress, and if successful the commission will be in a position to house some twelve hundred patients at Whitby.

It is expected that the first batch of patients will arrive in Canada soon. Of the three thousand there are fifteen hundred stretcher cases. It is in connection with the care of these hospital patients that the Government, at the request of the Military Hospitals Commission, is converting a number of sleeping cars at the Moncton shops of the Intercolonial into a specially equipped hospital train. This work is now being rushed. It is proposed to have a train of ten cars, the first of its kind in Canada.

TORONTO GENERAL HOSPITAL STAFF HAS DONE MAGNIFICENTLY

THE Toronto General Hospital staff has made a very honorable record for itself during the war, as shown by the following list: Capt. T. H. McKillip, Distinguished Service Order (Interne); Capt. A. H. Haywood, Military Cross (Assistant Superintendent); Capt. H. H. Argue, Military Cross (Assistant Superintendent); Capt. H. B. Jeffs, Military Cross (Interne); Lieut. R. I. Harris, Military Cross (Interne); Lieut. M. Paterson, Military Cross (Interne); Capt. W. L. Whittemore, Military Cross (Out-patient Staff).

BOARD OF ENQUIRY ON COL. BRUCE'S REPORT

SIR GEORGE PERLEY, Minister of Overseas Service, recently took an important step regarding the report upon the Canadian medical services by Colonel Bruce, Toronto, and the reply thereto by General Carleton Jones, Director of Medical Services. Sir George has referred both documents to a Board of Inquiry. Surgeon-General Sir William Baptie will act as President. He was selected at Sir George Perley's request by the Director-General of the Imperial Medical Corps.

Other members are Col. E. C. Ashton, G.O.C., Shorncliffe; Gen. J. T. Fotheringham, Toronto, A.D.M.S., Canadian Second Division; Col. A. E. Ross of Kingston, A.D.M.S., First Division; Lient.-Col. J. M. Elder, Montreal, Third Canadian Hospital, Boulogne.

This board has already met several times and will report with the utmost despatch. It is specially requested to hear evidence from both Col. Bruce and General Jones.

CHANGES AT TORONTO BASE HOSPITAL

A FEW weeks ago an important change was made in the staff of the Base Hospital, Gerrard Street East, Toronto, involving the transfer of the commanding officer, Lt.-Col. T. B. Richardson, and the appointment *pro tem.* of Lt.-Col. C. A. Warren of the Headquarters Staff in his stead. It is understood that a medical officer who recently returned from the front will be appointed to command the hospital. Lt.-Col. T. B. Richardson has been made chairman of the Standing Medical Board at Exhibition Camp and may go overseas later on. It is unfortunate that Lt.-Col. Richardson, who has proved himself to be so excellent a medical officer, should have been transferred, owing to certain irregularities which recently occurred in connection with the administration of his institution. Strictly speaking, we suppose he is really responsible, but it is too bad that he

should be made the sufferer in the matter. He has been a hard-working medical officer, having given up his entire surgical practice in order to "do his bit" during the past two years.

MEDICAL BOARDS FOR PENSION TEST

THE Military Hospitals Commission, through its medical superintendent, Lieut.-Col. Thompson, M.P., has announced the appointment of Lieut.-Col. McKenzie Forbes to take charge of the work of the commission in Montreal, Quebec, Lake Edward and St. Agathe. It has been decided to establish in each unit of military hospitals command a discharge board to examine convalescent soldiers who are eligible for pension. Two of these boards, for Manitoba and British Columbia, have been named as follows: For Manitoba, Dr. Chown, Dr. Popham and Dr. Galloway, of Winnipeg; for British Columbia, Dr. O. M. Jones, Dr. R. L. Fraser and Dr. W. J. C. Tomalin; the latter board will be located at Victoria.

No. 9 CANADIAN STATIONARY HOSPITAL TRANSFERRED

No. 9 Canadian Stationary Hospital, with an establishment of 13 officers and 112 other ranks, has been transferred from Shorncliffe to Bramshott.

NO. 3 HOSPITAL REMAINS

LIEUT.-COL. EVANS G. DAVIS, commander of No. 3 Stationary Hospital, cabled from France that there is no truth in the rumor that the corps is to be disbanded because of lack of winter accommodations. The hospital has already moved into huts, and will continue in service. No. 3 was raised in Western Ontario.

QUEEN'S CANADIAN HOSPITAL MOVES

ACCORDING to a letter received from Lieut.-Col. Frederick Etherington, in command of Queen's Hospital, which has been behind the Somme Front, the Hospital is being moved to Etaples, France, owing to cold weather. The Hospital being taken over belonged to the British Staff, and has 1,020 beds.

NEW DETENTION HOSPITAL

COL. (DR.) MARLOW, Director of Medical Services, recently intimated that a new Detention Hospital would be opened at Exhibition Camp. It will be located in stable 29 and will handle cases that are not serious enough to be sent over to the Base Hospital. There is already accommodation for fifty patients.

CANADIAN INSTITUTION GETS HOME IN A BUILDING AT BUXTON

THE Canadian Discharge Depot, under command of Col. Paul Hansen, which was recently transferred from Bath to temporary quarters at Shoreham, has now been established permanently at the Empire Hotel, Buxton, a building splendidly suited for the needs of convalescents. It was chosen by Sir George Perley.

KINGSTON COURT HOUSE TO HOSPITALS COMMISSION

THE Court House at Kingston is being given to the Military Hospitals Commission for the use of convalescent soldiers, of whom from 1,000 to 1,500 are to be brought to Kingston. The Commission will be given use of two or three other large public buildings at Kingston.

Canadian Hospitals

RE-OPENING OF TORONTO ORTHOPEDIC HOSPITAL

ON November 16th a formal reception was held at the Toronto Orthopedic Hospital, the occasion being its reopening. The hospital has been completely renovated, its capacity increased, and new equipment put in, the most important being an up-to-date X-ray apparatus.

Appropriate addresses were given by Mr. A. E. Ames, President of the Board of Trustees, and Archdeacon Cody. Fitting respect was paid the late Dr. McKenzie, who was so largely the means of starting the hospital. Dr. Hastings was to have delivered an address, but at the last moment was detained on important business. Dr. W. S. Verrall, Medical Superintendent of the Hospital, replied to the addresses and emphasized the fact that the hospital, both in its public and private wards, was open to the medical profession for their orthopedic and hernia work.

GRACE HOSPITAL FIRE

A SOMEWHAT alarming fire took place at Grace Hospital, Toronto, early in the morning last month, and we take this opportunity of congratulating the officials on the way in which the matter was handled. The hospital was very nearly full at the time, and no less than 116 patients, including 19 infants, were carried to safety immediately the fire broke out. Both nurses and firemen did splendid work in getting the patients down the fire-escapes, though some of them escaped out of the lower windows and down the fire ladders. Physicians in the vicinity of the hospital lent a hand in looking after the sufferers at so early an hour, in order that they received no ill effect from the sudden moving, and two hours later every patient had either

been taken home or else was being looked after in the General, Western, or St. Michael's. The fire was first discovered in the cellar, near the centre of the building, but what caused it still seems to be a mystery. Smoke at once poured through the building, frightening the patients. It was then that the benefit of the regular fire drill that the nurses in that institution have twice a week showed itself. We take this opportunity of again expressing the hope that at an early date the trustees of Grace Hospital will find themselves in a position to not only modernize the present building, but take steps to have in the near future a new institution altogether, modern in every respect and more suitably located. It is understood that for the present the City Architect and the trustees have gotten together and arranged for a number of improvements, in order that at no time the lives of the patients will be exposed to danger.

THE WOMEN'S COLLEGE HOSPITAL AND DISPENSARY

THE Eighth Annual Meeting of the Women's College Hospital and Dispensary was held on December 6th, in the West End Y.M.C.A. Interesting reports were presented of the year's work, which told of the splendid work being done and the widespread benefit being received among the poorer classes. The growth of the hospital has been quite phenomenal, and the new building now in use on Rusholme Road has even already proved quite inadequate to accommodate the great number of patients applying for admission. The nurses have been living in tents erected on the lawn during the summer, in order to relieve in some measure the congestion, their rooms in the hospital being turned over to patients. The secretary's report showed that the Dispensary on Seaton Street was doing splendid work, several thousand patients having been treated there. The treasurer's statement showed the total receipts of the hospital, including fees, amounted to almost \$9,000. The Campaign Fund showed already a total of over \$45,000, of which some \$26,000 had been received in cash, with the balance promised. It was

decided that nothing would be done toward erecting a new hospital until the Campaign Committee was heard from, but that there was every probability that building operations would be started in the early spring.

TORONTO HOSPITAL FOR INCURABLES RE-ELECTS OFFICERS

At the meeting of the Board of Management of the Toronto Hospital for Incurables held on November 10th, the following were unanimously re-elected as officers: President, Mr. Ambrose Kent; Vice-President, Mr. Noel Marshall; First Lady Directress, Mrs. Grant Macdonald; Second Lady Directress, Miss Mortimer Clark. Sir John Hendrie, K.C.M.G., Lieutenant-Governor of Ontario, and Lady Hendrie, were appointed honorary members. Mr. William G. Kent was elected to the Board of Management, and Mr. Charles Hunter was made an honorary member. The following ladies and gentlemen were elected as Executive Committee: Mrs. Grant Macdonald, Miss Mortimer Clark, Mrs. G. R. Baker, Mrs. William Davidson, Mrs. Ambrose Kent, Mrs. Forsyth Grant, Mrs. Hugh MacMath, Miss Effie Michie, Mr. Ambrose Kent, Mr. Noel Marshall, Ven. Archdeacon Ingles, Messrs. W. A. Baird, S. B. Gundy, John Macdonald, R. Millichamp and R. Mulholland.

TWENTY-SEVEN GRADUATES AT THE HOS- PITAL FOR SICK CHILDREN, TORONTO

THE Hospital for Sick Children's Training School for Nurses celebrated its thirtieth anniversary last month, when twenty-seven nurses were graduated, having been thoroughly trained in a three years' course in the theory and practice of nursing.

J. Ross Robertson, the chairman of the board, presided, and in a short introductory address reviewed the history of the training school since its establishment in 1886, this being the

thirtieth similar function at which Mr. Robertson has officiated in connection with the school.

Mr. Robertson also read an interesting report of the year's work handed him by Miss Potts, the superintendent—special reference being made there to the honor roll of twenty-five graduates of the training school of the Hospital for Sick Children now on military service in Europe.

Hon. W. J. Hanna gave a most appropriate address to the graduating class, after which the diplomas and medals were distributed to the following graduates by Mrs. Clarence L. Starr:—

Edith A. Hodgson, Elma, Ont.; Mary Ingham, Toronto; Endora M. McBride, Lockport, N.Y.; Grace A. Mitchell, Hagersville, Ont.; Gladys J. Rippon, Woodstock, Ont.; Susie M. Smythe, Toronto; Marion G. Starr, Toronto; Daisy Wattson, Huntsville, Ont.; Wilhelmina Adam, Toronto; Ethel T. Barnard, Montreal, Que.; Mary T. Burgess, Leamington, Ont.; Florence Hart, Steelton, Ont.; Sadie L. Jardine, Kemptville, Ont.; Dorothy N. MacMillan, Belleville, Ont.; Mary T. O'Gara, Ottawa, Ont.; Annie K. Pears, West Toronto; Glenna Rooke, Toronto; Reta Sutcliffe, Barrie, Ont.; E. Beatrice Buchanan, Toronto; Isabel V. Butchart, Edmonton, Alta.; Catharine M. Cameron, Lancaster, Ont.; Alice O. Cook, Mount Forest, Ont.; Emily G. Greenwood, Ottawa, Ont.; Jean M. McLennan, Campbellton, N.B.; Marjorie W. Simon, Chatham, Ont.; Marion C. Starr, Toronto; Laura W. Vrooman, Toronto.

The scholarships were presented by Dr. R. A. Reeve, as follows:—

Miss Mary Ingham, Toronto, of the 1st division, the senior scholarship of \$50.00. Miss Annie K. Pears, West Toronto, of the 2nd division, senior scholarship of \$50.00. Miss Isabel V. Butchart, Edmonton, Alta., of the 3rd division, senior scholarship of \$50.00.

Dr. Allen Baines, chief of the medical service, presented the prizes to:—

Miss Marion G. Starr, of Toronto, of the 1st division; Miss Mary G. O'Gara, of Ottawa, of the 2nd division; Miss Marion C. Starr, of Toronto, of the 3rd division.

The guests were received by Miss Potts, the superintendent, and the trustees, and a very pleasant evening was brought to a close by refreshments being served in the nurses' dining-room adjoining the reception hall.

WELLESLEY NOW A PUBLIC HOSPITAL

NOTICE has been issued to the city that the Government has now placed Wellesley Hospital upon the same basis as other similar institutions. This means that in future "public" patients may be sent to Wellesley Hospital, the city to pay the usual per diem allowance, as in the case of the General and other city hospitals.

TAPLOW HOSPITAL SCANDAL

THOUGH not officially reported, it is understood that, as the result of the investigation into conditions at Taplow Hospital, the Assistant Quartermaster was found guilty of misappropriation and sentenced to penal servitude. There was no evidence against Lt.-Col. Gorrell or Col. Shillington.

It is understood that Dr. C. K. Clarke, Medical Superintendent at Toronto General Hospital, has consented to remain at his post provided he is relieved of all responsibility for the finances of the institution. It is fully expected that this arrangement will be made, as it would be most unfortunate if the Board of Governors lost the services of so valuable and capable an official.

DR. R. M. STERRETT, many years associated with the advertising of Antiphlogistine, sends greeting to his many friends, announcing his resignation as advertising manager of the Denver Chemical Mfg. Co., effective January 1st.

War Hospital Notes

THE WHOLE MEDICAL CLASS FOR 1917 ENLIST

THE Medical Staff of the Recruiting Depot recently had for examination 54 men of the 1917 graduating class in medicine for appointment in the A. M. C., and practically every one of them was passed as medically fit. On consideration of taking an appointment for overseas service they are granted their year at the university.

TORONTO WOMEN DOCTORS SEEK COMMISSION

ACTING on the offer of the University of Toronto to grant degrees to all fourth year medical students who enter the army, the four women students of the present session have applied to Lt.-Col. Marlow for appointments as officers in the Army Medical Corps. Col. Marlow is now confronted with a knotty problem, there being no provision made in the military regulations for the granting of commissions to women. The students are Miss M. B. Becker, Miss Mabel Bray, Miss Ruth C. Cale and Miss M. E. D. Johnston.

DR. IRWIN, COBOURG, ONT., BACK FROM FRONT

DR. JOHN R. IRWIN, who was signally honored by receiving the Military Cross from the hands of the King in Buckingham Palace for conspicuous bravery while serving with the British Medical Corps, returned home on November 4th. He was met by Major McKinnon, O.C., Major Duncan, Lieut. Davidson,

the town council, and the overseas draft of the Cobourg heavy battery. The returned hero was escorted to the city hall and formal addresses of welcome were given in his honor.

LIEUT. P. G. GARRATT INJURED

FLIGHT LIEUT. PHILIP C. GARRATT, son of the late Dr. Garratt, who lived at College and Terauley Streets, recently sustained severe injuries to his face and arm when he collided with a colleague's machine. He is said to have been unconscious for four days, and it is feared that he may be incapacitated for future service. Lieut. Garratt is a medical under-graduate of the University of Toronto. His mother is at present in England.

SON OF DR. ALEX. DAVIDSON MISSING

DETAILS of the fighting which preceded the disappearance of Lieut. George Thorold Davidson, son of Dr. Alexander and Mrs. Davidson, of 286 Russell Hill Road, have been received from Lieut. Cyril A. Edmondson, a fellow officer of the missing man. The communication states:—

“Lieut. Davidson was an officer in my company and was selected for a rather dangerous mission on the night of the 25th. That same night he went out to reconnoitre the enemy's trenches and entanglements. He was accompanied by a petty officer, who later returned alone to our trenches with a shattered arm. Lieut. Davidson and the non-commissioned officer appear to have reached the enemy's trenches. At the time a certain amount of rifle fire and bombing was heard.”

A search party failed to locate the missing officer in “No Man's Land,” and it is concluded that he is in the hands of the Germans. There is nothing to indicate whether he is wounded or not. Lieut. Edmondson pays a tribute to his comrade's keenness and ability, qualities which led on several occasions to his being selected for special and dangerous work.

DEATH OF LIEUT. (DR.) McVICKER

It was sad news that came to Toronto a few weeks ago when the family of Lt. (Dr.) McVicker received word of his death at the Front. It is understood that he met his death while bending over a wounded soldier in the First Advance "Aid" Post. He was struck on the head by a bursting shell and died almost immediately. Lt. McVicker graduated in Medicine from the University of Toronto, in May, 1915, and passed the College of Physicians and Surgeons in June of the same year, being for five months House Surgeon at St. Michael's Hospital. He received his appointment as Lieutenant in the Royal Army Medical Corps in October, 1915, and sailed for England the following month. He crossed from England to France January 13th, 1916, and on February 8th left camp for the trenches, never leaving them until the day of his death.

BRANTFORD DOCTOR APPOINTED HEAD OF ROYAL MEDICAL SERVICE IN STAFFORDSHIRE

DR. C. C. FISSETTE, Coroner, who left Brantford in June of this year to join the Royal Army Medical Corps, has been appointed northern commander in Staffordshire. He is head of both the medical and surgical sections. Such an appointment, in view of his recent departure, is felt to be an outstanding tribute to his abilities.

MEDICAL SERVICE CHANGE

LIEUT.-COL. S. D. GARDNER, Vancouver, has been appointed acting commandant in the Shoreham area.

The following have gone to France: Lieuts. C. H. Leitch, A. Mowatt, A. S. Robertson, B. A. Taylor, H. H. Watson, J. M. Morton, R. Brown, T. Kennedy, F. A. Forneri, W. M. Harding, Chaplain Green, Hon. Capt. A. B. Ransom; Nurses G. E. Apter,

L. Beer, A. H. Cameron, K. Reid, L. K. Stinson, A. M. Crawford, G. Spalding.

Lieut.-Col. Watt, Winnipeg, formerly of Ramsgate special hospital, has been appointed assistant director of medical services, London, vice Lieut.-Col. J. McCombe, resigned.

A DOCTORS' DINNER

DR. A. S. MOOREHEAD was the host recently of a dinner in the Royal Suite at the King Edward, given in honor of Captain John C. Calhoun, who has returned from France on leave, after twenty-three months' service. The table was beautiful with pink and white roses and pink-shaded silver candelabrum. The guests were all the graduating class of 1906 living in Toronto at present, and included: Dr. Hodson, Dr. K. C. Campbell, Dr. Loudon, Dr. R. W. Mann, Dr. Duncan, Dr. McMillan, Dr. A. A. Campbell, Dr. Howard, Dr. R. A. Jones, Dr. Howkens, Major F. F. Munn, Dr. W. J. Doole, Dr. Gardner, Dr. Frawley, Dr. Livingstone, Dr. McLennen.

MILITARY CROSS FOR CAPT. (DR.) VICTOR MOORHOUSE

CAPT. (DR.) Victor Moorehouse, son of Dr. H. H. and Mrs. Moorehouse, 128 St. Patrick Street, has been awarded the Military Cross for gallant service in the field, where he is serving as an inspector of field ambulances with the C.A.M.C. No details of the acts for which he was honored have yet been received, but his brother, Capt. Walter N. Moorehouse, who commands a machine gun battery at the front, announces the fact in a letter home.

Capt. Moorehouse graduated in medicine about four years ago from the University of Toronto. For two or three years he held a lectureship in Glasgow University. When war broke out he was at Cambridge University with the intention of later visiting some of the German universities, but he

immediately went on active service and has been at the front since the early days. He is 29 years of age and before leaving Toronto was connected with the Queen's Own Rifles for years.

"MEDICALS" HOME FROM OVERSEAS

THE following medicals returned a few weeks ago from Overseas Service to complete their course at the University of Toronto before returning to the front: Drs. R. M. Harvie, E. A. Broughton, J. L. Crawford, J. W. MacKenzie, A. E. MacKenzie, G. F. Sykes, P. R. Shannon, C. A. Rae, N. M. Furey and H. N. Bethune.

TORONTO UNIVERSITY'S FINE RECORD

THE University of Toronto may well be proud of its record in connection with the great war. One hundred and ten students have already fallen in action and 2,072 are on active service. The following honors have been won by University graduates:—C.M.G., 2; C.M., 1; D.S.O., 11; Military Cross, 19; Distinguished Conduct Medal, 7; mentioned in dispatches, 43; other records, 11.

CAMBRIDGE UNIVERSITY STUDENTS HONOR ROLL

At a memorial service at Cambridge University, on Nov. 1st, names were read of 792 members of the University who had died at the war in the past academical year. The number that was commemorated on All Saints' Day last year was 490. London University has lost 675 members at the front.

LT. (DR.) ROBERT HOME recently returned to Toronto on a short furlough. Lt. Home has been on military service for some time past and resides at 674 Spadina Ave., Toronto.

It is understood that General Carleton Jones has resumed duty as Director of Medical Services.

Dr. George Miles has been awarded the Military Medal. He has been overseas since the beginning of the war.

The Military Cross has been awarded to Capt. (Dr.) Kenneth E. Cooke, formerly a practitioner in Terrace Hill, Brantford.

Dr. H. H. Argue, former Assistant Superintendent of Toronto General Hospital, has received the Military Cross for conspicuous bravery in action.

Dr. Gordon G. Malcolm, physician, of Lac du Bonnet, Man., has enlisted for overseas service with a Field Ambulance at Winnipeg. Dr. Malcolm is a graduate of the University of Toronto.

Dr. W. B. Thistle was a few weeks ago given the rank of Major in the C.A.M.C., and now holds the appointment of Chief Physician and Consultant at Toronto Base Hospital.

Dr. Walter Wright, of 143 College Street, Toronto, has enlisted for Overseas, and leaves immediately for England. He has been given the rank of Captain, and will do special work on the eye.

By holding an extra war session during the summer and fall Queen's Medical College is able to graduate fifty-six new doctors six months earlier than otherwise. Most of the graduates will enter the Canadian and Royal Army Medical Corps at once.

Captain (Dr.) Eddie Robertson, of 143 College Street, who has for two years or more been doing splendid work in France, is expected to arrive back in Toronto about the New Year. Captain Robertson has latterly been attached to No. 1 Canadian Field Ambulance and has seen the hardest kind of service. Dr. Robertson, in returning to civilian life, will be First Assistant to Dr. Ed. Gallie, who has been Chief Surgeon at the Hospital for Sick Children since Col. Clarence Starr left for England. Welcome home.

It is understood that Col. F. W. Marlow, Chief of the Medical Service for Toronto Military District, has recommended to the University of Toronto that the four Toronto women doctors, Miss M. B. Becker, Miss Mabel Bray, Miss Ruth C. Cale and Miss M. E. B. Johnston, who recently applied for commissions in the Overseas Service, be granted their degree this year, in order that they may take up their positions as resident surgeons or house doctors in the various hospitals, in order thereby to take the place of civilian doctors or relieve those who are anxious to go Overseas.

PERSONALS

Dr. A. B. MacCallum, Professor of Physiology and Bio-Chemistry at the University of Toronto, was recently appointed Chairman of the Advisory Council of Industrial and Scientific Research. Dr. MacLennan, of the University of Toronto, is also a member of this body.

Dr. and Mrs. Harris McPhedran left three weeks ago on their way back to England. Capt. (Dr.) Harris McPhedran returned only recently from Saloniki.

Dr. G. Sterling Ryerson returned to Toronto a few weeks ago, after attending the Annual Meeting of the American College of Surgeons and the Clinical Congress at Philadelphia. While in Philadelphia he was the guest of Dr. Webster Fox.

Book Reviews

The Operating Room. A Primer for Pupil Nurses. By AMY ARMOUR SMITH, R.N. Philadelphia and London: W. B. Saunders Company. 1916.

This book is dedicated "To Mine Own People," which leaves the reader in doubt as to whether the author refers to her family, her old Canuck friends, or the hospital family. This inscription is on the front fly-leaf, while the back fly-leaf has the following *L'envoi*:

THE GOSPEL OF WORK.

A modern nurse's quintologue.

1. Want something.
2. Know what you want.
3. Determine to get it.
4. Think the best way to get it.
5. Work to get it, and as fast as you're knocked down, get get up again and go on.

Signed "Anonymous," though it sounds somewhat Elbert Hubbardish.

Many books by doctors and nurses are being turned out of the press these days; and, as one looks through them, he is led to exclaim, "Can these dry bones live?" Not so with this one-fifty volume of 280 pages on calendered paper, well illustrated with a blue cloth cover. It is bright and snappy. It scintillates. Nothing dry-as-dust about it.

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(6) Excellent education, much reading, and good manners.

(7) Breadth of experience and wide observation, both of things professional and things mundane.

We would have added an eighth—A hobby. Mrs. Smith may add this in the next printing.

As you read the book you are making a psychological inventory of the qualities of the author—the vigor, the lucidity, the breadth, the straightforward common sense.

Note the admonition on page 211: *Knowing the why and the wherefore* of everything warms the cockles of the heart in an otherwise-dull existence. The authoress should have italicized the whole of this gem. May be done in the next edition.

Listen to this crack at some *passé* and passing surgeons:

"Nothing depleted the ranks of the nursing force . . . like the oaths and throwing instruments about in the old-fashioned operating rooms."

On the same page are the following golden words:

"Do not forget what the hospital is conducted to accomplish—to cure the sick and to rid the community of disease, unjust expense, and unhappiness. It does not *exist for the purpose* of training good operating-room nurses. That occurs if it does the other duty well."

The whole paragraph should be italicized in the following editions.

Mrs. Smith would work nurses eight hours—right! She would not allow them to attend on male G.V. cases unless they purpose going in for that specialty—right again.

The preparation of the humble home for an operation is worth studying. The Royal Victoria Hospital, Montreal, has emphasized this point in the surgical training of its nurses.

The technical chapters in this modest volume are replete with information presented in fine, crisp English.

We conclude our review with your opening quotation: "A task!—To be honest, to be kind; . . . to renounce when that shall be necessary and not be embittered; to keep a few friends, and these without capitulation; above all, on the same grim condition, to keep friends with himself; here is a task for all that man has of fortitude and delicacy."

Bacteriology and Surgical Technic for Nurses. By Miss Emily A. M. Stoney, formerly Superintendent of the Training School for Nurses, Carney Hospital, South Boston, Mass. Fourth edition, enlarged and reset 12mo of 342 pages with 223 illustrations. Philadelphia and London: W. B. Saunders Company, 1916. Cloth, \$1.75 net. Canadian Agents, J. F. Hartz Co., Ltd., 24-26 Hayter St., Toronto, Ont.

The well-known text-books by Miss E. A. M. Stoney enjoy a reputation for general usefulness and suitability to the needs and practical work of a nurse. The present is the fourth edition of "Bacteriology and Surgical Technique." A good many of the chapters have been re-written for the present edition, and a glossary, a chapter on recipes, and a good index all add to the value of the book. The chapters on surgery will probably require to be re-written, partly at least, after the war.

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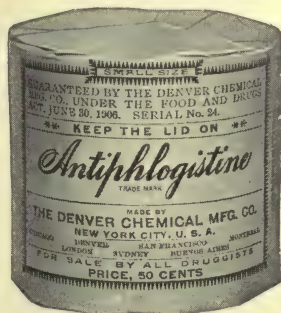
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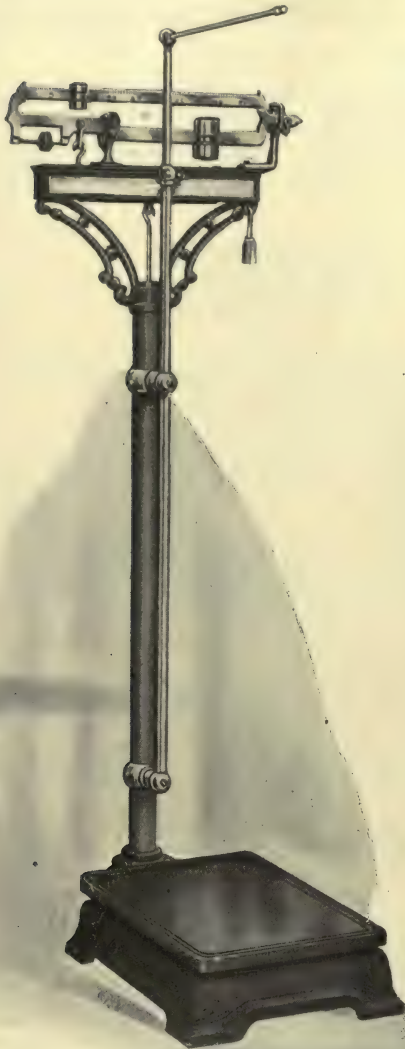
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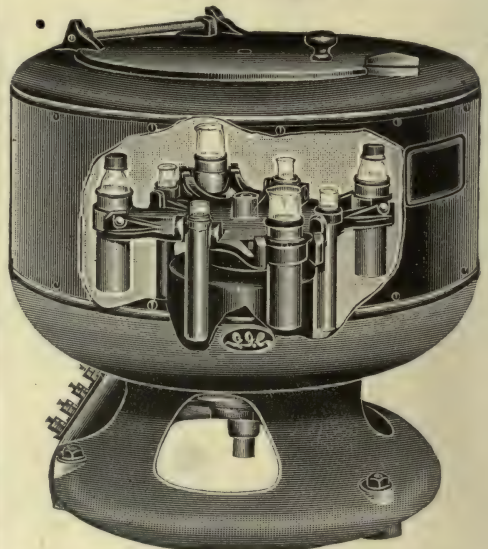
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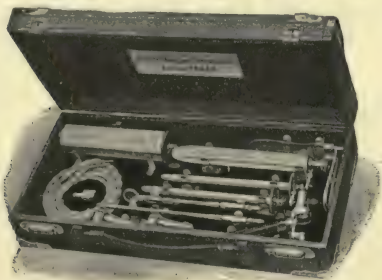
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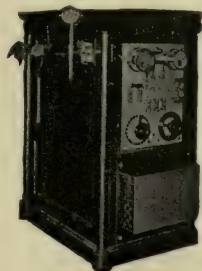
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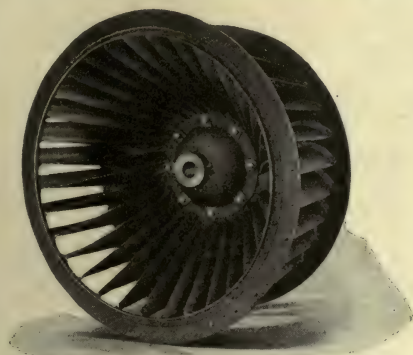
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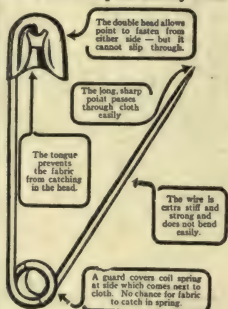
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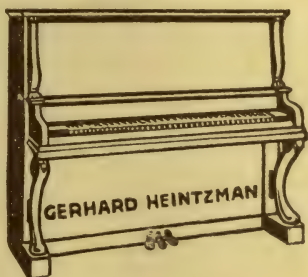
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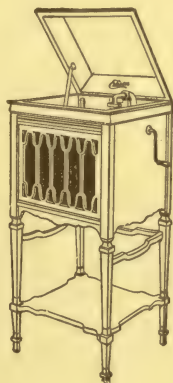
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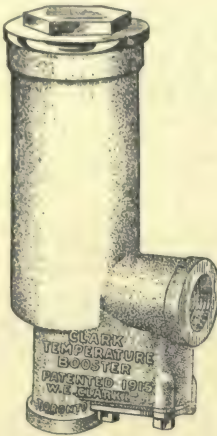
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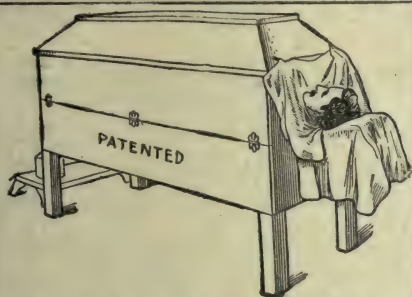
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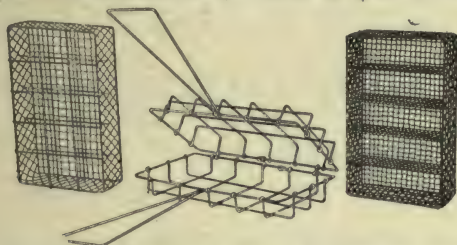
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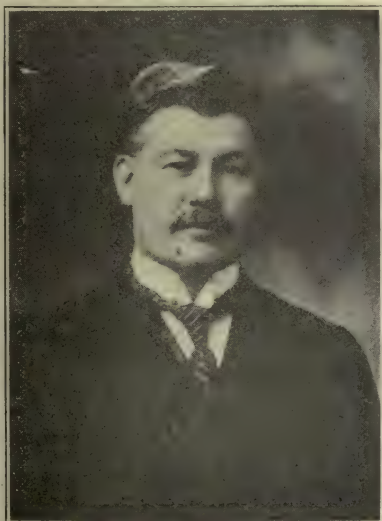


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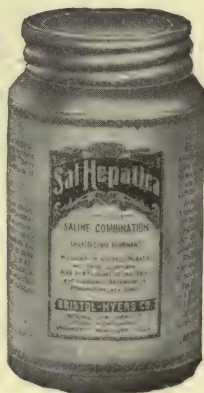
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Vol. XI.

TORONTO, FEBRUARY, 1917

No. 2

Editorials

THE CANADIAN SOLDIER AND SHELL SHOCK

IN this terrible war the Army Medical Corps has had no more distressing class of patients to treat than those suffering from nervous disorders, due to shell shock and general nervous strain. To those

accustomed to the horrors of active campaigns, the sight of an able-bodied soldier, whose bravery and courage are undoubted, suddenly bursting into tears on being asked for a match or some other simple question, is more appalling than the physical wounds produced by the mechanical action of the shells. In no previous war have the functional nervous disturbances compared in frequency or intensity with those of the present war in Europe, the difference being chiefly due to the increased calibre of the artillery and the unprecedented number of shells fired. Naturally, therefore, the treatment of these functional nervous disturbances is of the highest importance, and merits the most careful study.

It would be well, at the outset, to bear in mind that so-called shell shock, in its neurological aspect, is a functional neurosis which has its prototype in private practice in the traumatic neuroses, especially in the forms of neurasthenia and hysteria, the difference in the intensity of the exciting cause being responsible for the severity of the symptoms. In ordinary life, a danger is usually unexpected and quickly passed, and the patient is consequently restored at once to complete physical safety with freedom from further anxiety from the cause of his trouble, whereas in the present war the intense anxiety has been continuous—often for weeks or months, and even after the final lesion the anxiety is still greater before safe surroundings in the rear are reached. Hence arises not only the greater severity of the symptoms, but also their greater per-

sistence than is usually met with in ordinary practice. The great diversity of the symptoms would also be explained by the stress of the circumstances under which the trouble developed.

The first element of treatment is to place the patient in suitable surroundings with as little delay and as little further nervous strain as possible, as all are united in the opinion that early treatment affords vastly better results than when this is delayed; moreover, many of the less severe cases are enabled to return to duty in a very short period if suitable treatment is at once commenced.

The system followed by the R.A.M.C. has, as its basis, the investigation of the soldier's condition on his arrival at one of the British Base Hospitals in France, by a special medical officer, to decide the nature of the condition and to separate *as early as possible*, the cases of functional neuroses from those suffering from insanity, the patients being at once sent to different sections of the hospital, according as the symptoms are of a neurological or mental character. After brief temporary treatment and observation here, the patients are labelled as rapidly as is expedient, for transference to one of the clearing hospitals in England—if neurological, to the 4th London Territorial General Hospital, if mental, to D Block, Netley, or to corresponding institutions, bearing always in mind the necessity of separation of these two types as definitely as possible. Much assistance has also been given by the establishment of neurological wards in all Terri-

torial General Hospitals, which wards are officered, as far as possible, by physicians especially versed in nervous diseases. Here the nervous cases are sent, while the insane are treated in mental hospitals specially devoted to that purpose, the object being to place, as far as practicable, in separate surroundings and in different institutions, the two classes of patients, in order to obtain the best results from treatment. As one who has advocated for many years, in Canada, the separation of the nervous from the insane, with different surroundings for their effective treatment, as well as the establishment of neurological wards in all the General Hospitals of our country, the method pursued in England since the opening of the war has been of especial interest to me. May I be permitted to quote from a paper which I had the honor of reading at the Annual Meeting of the American Medico-Psychological Association in 1908, as follows:

“The influence of suggestion induced by the presence of the insane in the same building, is most harmful, in view of the importance of the psychic treatment of these cases, many of whom fear they will themselves become insane, and this fear would thus be kept constantly before them. Any attempt, therefore, to treat functional nervous disease in the same department of a hospital as the insane will, I am assured, result practically in failure.”

In view of the above facts, and of the methods of treatment followed by the British medical authorities, the question naturally arises, What is pro-

posed for the treatment of our Canadian soldiers who are suffering from shell shock and allied conditions? These remarks are written with reference to Canada, and in this regard two points in connection with their treatment are especially open to discussion, it is officially stated (1) That the nervous cases are being sent to Canada for treatment; (2) That nervous cases are to be treated in Cobourg under the same supervision and in the same surroundings as the insane. In regard to (1), the necessity of early treatment, to be commenced as soon as the patient can be placed under it, and with as little excitement and additional strain as possible, is emphasized by all conversant with the treatment of these cases. Hence, to subject such patients, at once, to a long sea voyage (and the majority are unaccustomed to ocean travel) with the danger of the ship being torpedoed, etc., would be most harmful to them. Not only this, but in many cases it is impossible to foretell in the early stage, and without adequate observation, how soon recovery may take place, and often recovery will follow from prompt treatment in a very short time. No adequate treatment could be undertaken on shipboard, and consequently the most favorable time to promote recovery would be lost. It may safely be stated that at least 50 per cent. less recoveries will follow if treatment in the early stages is postponed until the patient reaches Canada. If, on the other hand, suitable treatment is at once commenced in the Motherland, and, when necessary, carried on there for a sufficient

length of time to observe fully the results, the patient could then, if desirable, be given the ocean voyage out to Canada with benefit to himself and advantage to the service.

In regard to (2), the matter is even more serious. This hospital is under the charge of an alienist, and the nursing is done by nurses trained in Hospitals for the Insane. The insane cases treated here will undoubtedly receive the best care and attention possible, and the authorities are to be congratulated in placing this group of cases in such efficient and worthy hands. But for the nervous cases the situation is entirely different. The procedure of the R.A.M.C. should surely serve as some guide after its experience to date, and this clearly indicates the absolute necessity of a separation of the neurological cases from those with pronounced mental symptoms *at as early a date as possible*. Moreover, a medical experience confined to Hospitals for the Insane, in which the patients are almost exclusively certified insane before admission, does not comprise much contact with non-insane cases, especially of the neurological type under consideration. Next only in importance to the medical superintendent is the nursing staff, for experience has shown that mechanical contrivances, no matter how varied or costly, play a very minor part to efficient nursing in promoting the recovery of these nervous cases. Where then does the nurse, trained only in the Hospital for the Insane, obtain the necessary experience to properly nurse these non-insane patients? More-

over, the proximity of the insane, as intimated earlier, is a most serious objection in the treatment of these nervous cases.

Again, the somatic lesions which may arise from the same exciting causes, further accentuate the difficulties of treating nervous cases under such conditions as these, I would refer here to only one, *viz.*, the soldiers' irritable heart, or D.A.H., so frequently encountered at the Front, and which, as has been shown by Colonel Rudolf and others, is essentially a form of neurasthenia.

What then is to be done for the neurological cases in this war due to shell shock and allied causes? Are we to treat our own Canadian boys with a care equal to that which the British Tommy has constantly received? If so, either neurological wards must be established in General Military Hospitals under the charge of medical men who are, as far as possible, specially qualified to treat nervous diseases, or separate institutions devoted exclusively to their care must be established, with a neurologist in charge of each.

There is to-day no more serious question before those responsible for the methods of treatment of our injured soldiers, and unless this method of treatment is now wisely decided upon and carefully carried out, Canada will be flooded for years to come with men who, though often in appearance of fair general health, will be found incapable of any prolonged or continuous effort to earn a living, and for whom the State will, justly, be obliged to provide.

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REPORT OF THE BOARD OF ENQUIRY INTO THE CANADIAN MEDICAL SERVICES

THE following constitutes the Report of Surgeon-General Baptie, Col. Ashton, Col. J. T. Fotheringham, Col. A. E. Ross, and Lieut.-Col. J. M. Elder, who were appointed a Board of Enquiry by Sir George Perley, Canadian Overseas Minister of Militia, to report upon conditions in the Canadian Medical Services, as a result of Col. (Dr.) Herbert Bruce's recent criticisms:

It will be convenient, says the report, to summarize the principal points of Dr. Bruce's report:

First, concentration of Canadian sick and wounded in Canadian hospitals; second, the suitability of V.A.D. hospitals for the care and treatment of Canadian soldiers; thirdly, the system of medical boards.

As to the allegations of unfitness among the officers selected for commissions in the Canadian Medicals, through over age, addiction to alcohol and other drugs, etc., this Board deprecates such unqualified statements. Had Colonel (Dr.) Bruce added what must have been within his knowledge, he would have stated that the proportion of undesirables in the corps is at least as low as any in the service.

As in some criticisms he failed to make allowance for the sudden expansion of the army and unavoidable want of specialized training in auxiliary services, such imperfections as existed rapidly being remedied, it is plain truth to say in no war in history has sickness been so well controlled or sick and wounded so well cared for. The Board, relying on its own observations and evidence laid before it, is abundantly satisfied the Canadian sick and wounded have been well looked after. These letters are the outcome of the mobilization of the medical resources of the United Kingdom, and in them Canadian wounded soldiers are not only well cared for professionally, but are comfortable and happy at home. The Board desires em-

phasis to its dissent from criticism of these institutions, which it believes to be unjust and undeserved.

Regarding the system of the Medical Board, it agrees there is much justice in the criticisms levelled at it.

The Board cannot conclude this general review of its findings without adding that the report of the Inspector-General ignores the good work done by Surgeon-General Jones and staff under the circumstances of novelty and great difficulty. The Board has not hesitated to criticize those matters wherein, in its opinion, the Director of Medical Services has failed, but does so with great reluctance, for it is satisfied much has been the result of complicated arrangements, permitted to grow up. With the re-organization proposed, the Board is unable to concur and has ventured, as the result of the combined experience of its members, the suggestion of a system it is believed is simple and likely to be practical.

The Board points out that lack of an organized Canadian staff was a very serious handicap to Director of Medical Services in dealing with the important subject of non-effective troops. The Board is agreed large numbers of soldiers continue to come from Canada unfit for service at the Front. The cases come under two main headings: Firstly, men who do not comply with recruiting standards regarding age; secondly, men unfit by reason of physical disability. The first class is the more numerous. The Board understands the recruiting medical officer is not required, in examination, to consider the apparent age of recruits. This being so, the charge as regards Canadian Medical Corps narrows itself down to the second class.

The Board is satisfied there have been large numbers of men passed who ought not to have been passed by the medical officers, but it was perhaps inevitable, under the circumstances of raising a Canadian force, that examinations could not be conducted with all the care necessary. This, it believes, may have been due partly to inexperience of examining medical officers, and partly to hurry, partly to carelessness, and lastly, in some instances, to opinion of examining medical officers being overridden or ignored by commanding officers. These defects continue to exist despite medical examinations by recruiting medical officers, by battalion medical officers on join-

ing units and before sailing for England. The remedy lies in more stringent examinations.

Medical officers should be responsible, as in the British service, that recruits of apparent age correspond with declared age. There should be inspectors of recruiting familiar with the requirements of the army in the field. No soldier should be permitted to cross seas without having been classified by a medical board as fit for general service. The Board has come to the conclusion that this important matter has not received the attention it deserves; that the authorities here have failed to make adequate representations regarding the condition of affairs that must severely handicap the force, both as regards organization, training in the United Kingdom and efficiency in the field. What share in this responsibility lies with the Director of Medicals the Board is not prepared to say, as the Adjutant-General's branch of staff, to which the subject appertains, does not appear to have been represented in England until recently.

The Board believes, in the absence of an adjutant branch, it was the duty of Director of Medicals to represent, as often as necessary, to all sources open to him, the fact that numbers of men were arriving here unfit for general service.

In Dr. Bruce's report, a return to the policy of Canadian hospitals for Canadian wounded is advocated. There is much to be said on both sides, but the Board, after very careful consideration, has come to the conclusion that the policy therein recommended is not only unwise, but impracticable, having regard to the amount of accommodation that would be required, owing to the increase in the Canadian troops in Europe.

"All through the report of the Inspector-General," the report continues, "the dominating idea is the conception that the Canadian force is something separate and apart from the Imperial army, a conception that may be summarized as a water-tight compartment policy in matters medical. The Board is of the opinion that so long as the Canadian force forms an integral part of the Imperial army, such a view is more possible in the United Kingdom than in France, and so long as the Canadian troops continue to operate under the Commander-in-Chief of

the British force, it must continue to be impossible to discriminate."

The Board does not concur in Col. Bruce's view that complete reorganization from top to bottom of the Canadian Medical Service is necessary. In its opinion, the reforms he suggests would not remedy the defects he deplures, which are not due to the system, but to inexperience on the part of the officers, military and medical, and to defaults in administration.

In face of the enemy, the Board is aware that these considerations of high policy do not strictly come within its purview, but it cannot refrain from adverting to this aspect, because it would almost appear as if the report under consideration was based upon the conception that the Canadian forces had similar relation to the British armies as that held by the allied nations. The policy that the Board ventures to attribute to Dr. Bruce would have prevented the use of Canadian medical units in the Mediterranean, because Canadian troops did not happen to be employed in that theatre, and would have prevented the sending of Canadian hospitals to Paris for the French sick and wounded.

Indeed, the sending of Canadian medical units to the Mediterranean is criticized from this very point in the report of Dr. Bruce.

Again, for similar reasons, the Board is in profound disagreement with the view that the Canadian Medical Corps' personnel should not be associated with the British service in scientific enquiries and other work. On the contrary, it is of opinion that such participation is both desirable and necessary in the best interests of the two services. The Board, too, is at variance with the contention that the services of a Canadian Medical Corps should, in the main, be confined to Canadian troops. Field ambulances should serve primarily Canadian formations, but in the case of the line of communication units, their work must of necessity be largely with other than Canadians.

This aspect of the case, it is fair to say, was repudiated by Dr. Bruce when it was placed before him. The Board feels bound to place on record that in some opinions expressed by

Dr. Bruce he is misled by lack of intimate knowledge of army organization and of the interrelation of various branches of the service, as in some criticisms he failed to make allowance for the sudden expansion of the army and the unavoidable want of specialized training in auxiliary services, such imperfections as existed rapidly being remedied. It is plain truth to say that in no war in history has sickness been so well controlled or the sick and wounded so well cared for.

The Board, relying on its own observations and evidence laid before it, is abundantly satisfied that the Canadian sick and wounded have been thoroughly well cared for, not only in central hospitals, whether British or Canadian, but in the Voluntary Aid Hospitals, which Dr. Bruce criticizes. These latter are the outcome of the mobilization of the medical resources of the United Kingdom, and in them the Canadian soldiers are not only well cared for professionally, but are as comfortable and happy as at home. The Board desires to emphasize its dissent from criticisms of these institutions, which it believes to be unjust and undeserved. Regarding the system of the medical service, the Board agrees there is much justice in criticisms levelled at it.

The Board cannot conclude this general review of its findings without adding that the report of the Inspector-General ignores the good work done by Surgeon-General Jones and his staff under circumstances of novelty and great difficulty. The Board has not hesitated to criticize those matters wherein, in its opinion, the Director of Medical Services has failed, but it does so with great reluctance, for it is satisfied that much of what has been accomplished has been the result of his zeal and industry, while the good relations of the Imperial and Canadian services are largely due to the tactful performance of the many delicate duties which fell to his lot.

Reverting to the distribution of the Canadian casualties, the report says that despite the position of the Canadian and British soldier, returning to England, being different, practically speaking, the system of distribution formerly satisfactory in the case of the British soldier need not be inefficient in the case of the Canadian. What is required to meet the special

circumstances of the Canadian soldier is the extension of the system of Canadian convalescent hospitals, and organized co-operation regarding inspection between the Canadian and Imperial services.

The Board believes it is quite impracticable to collect Canadian casualties at the base in France, and it would be difficult and inconvenient to direct them solely to Canadian hospitals in England. The Board considers it unwise on broad grounds, believing it in their best interests that Canadian and British should meet one another, and, as illustrative of Canadian sentiment on the matter, would remark that the Canadian hospitals at Beachborough, Taplow and Orpington are governed by explicit provisos on the part of the donors that they are not to be confined to the treatment of Canadians, and that such a policy would be expensive is certain.

Conversation with many Canadian soldiers in different hospitals, and with officers and others, have failed to discover any general sentiment among Canadian troops in favor of their exclusive treatment in Canadian rather than British hospitals. The present system enables the Canadian soldier to select, subject to administrative convenience, the neighborhood to which he desires to be sent, and while the Canadians, from time to time, ask to be sent to a particular locality, the reason generally is to be near relatives, and is not generally associated with treatment or comfort in Imperial hospitals.

The Board does not suggest existing Canadian hospitals be given up, and does not object to a reasonable extension of them, but even without such extension there is no reason why any Canadian soldier's desire to be treated in a Canadian hospital should not be met. Even if sufficient separate accommodation could be provided, the collection of Canadian casualties in one area would either necessitate the retention of a number of empty beds for the eventualities of war, or if these were used for the British, then they would not be available for Canadian patients. There are twenty thousand Canadians in hospital in the United Kingdom to-day, and provision for special Canadian hospitals for them all would necessitate additional accommodation for 9,000, without allowing for battle casualties.

Deducting those provided for by special accommodation and others ready to be returned to Canada, there would remain about 4,000 additional beds to be provided, involving a capital expenditure of millions of dollars.

The question of cost cannot be considered apart from that of existing arrangements whereby Canadians are subsisted in Imperial hospitals at a cost of three shillings per head daily, whereas the average cost of Canadians in Canadian hospitals, as of British in British hospitals, is six to seven shillings. The difference is due to the cost of personnel and equipment. It is right to state that, similarly, British patients are maintained in Canadian hospitals at the same charge of three shillings, but obviously the balance of advantage is in favor of the Canadian Government, and if Dr. Bruce's policy were adopted many advantages of this reciprocal agreement would be very much diminished.

Although these questions have been considered on a money basis, the Board believes that if it could be established that the Canadian soldier suffered from being treated in Imperial hospitals, the Canadian Government would not consider the cost in any way, but there is ample evidence that Canadian soldiers have not suffered from being treated in Imperial hospitals. This important subject has been dealt with at some length, because the chief consideration in the re-organization suggested by Dr. Bruce is the policy of preferential treatment, which the Board considers impracticable in application, and believes unwise and opposed to Canadian sentiment.

The Board cannot agree there is lack of efficient medical inspection in the hospitals, but while not reflecting on the efficiency of these inspections, the Board agrees with Dr. Bruce and Dr. Jones that additional inspection of Canadian hospitals and patients in British hospitals is desirable. From the Canadian standpoint, there is evidence of the desirability of special inspections, which was not fully recognized by the then D.M.S. until July of this year. The Board is of the opinion that this policy, with which the Board is in complete sympathy, should have been initiated at an earlier period, and it will be necessary to increase materially the accommodation in Canadian convales-

cent hospitals in the United Kingdom. The Board recommends the provision of a regular hospital ship rather than returning invalids by transport.

Regarding the V.A.D. hospitals, the investigations of the Board do not support the allegations of inefficiency. The standard of professional efficiency naturally varies, but there is no ground, even in the special reports made by Dr. Bruce's direction, for the grave indictment contained in his report that a good deal of the surgery is bad. If patients have been retained too long, it has been caused by the insufficiency of accommodation in Canadian convalescent hospitals and delays in connection with the Canadian casualty assembly centre.

"The comments made in Dr. Bruce's reports on V.A.D. hospitals have been widely resented. This Board is of the opinion that these strictures are unjustified and regrettable. While the Board agrees with Dr. Bruce that patients could sometimes be more advantageously treated in, and more speedily evacuated from, large military hospitals, the advantages of the V.A.D. system should not be overlooked. The Board found Canadian patients well fed, comfortable and happy, and receiving that amount of care only possible in institutions organized on the line of the home. This has been an enormous asset in the case of soldiers widely separated from kith and kin."

The Board cannot agree that the employment of the Canadian medical personnel should be confined purely to Canadian institutions, or that Canadian ambulance services should not be used for Imperial patients. If adjustment is required in these regards, it should be dealt with when it is possible to reciprocate the services under consideration. In all these points the Board is opposed to the policy suggested by Dr. Bruce, and is in agreement with that carried out by Surgeon-General Jones.

It would be better if Canadian consultants were appointed to the Imperial army instead of being confined to Canadian hospitals. Referring to the allegation that there had been many errors in diagnosis and treatment, the Board was decidedly of the opinion that there is no cause for alarm. Such errors as have come to notice are incidental to the exigencies of active

service, and do not prevail to as great an extent as in the ordinary course of practice in civil hospitals, whether in Europe or Canada. The Board was of opinion that it would be preferable that the head of the medical service should remain at Ottawa as the principal medical adviser of the Government.

There is considerable accumulation of convalescent Canadians in Imperial hospitals, due to the insufficiency of accommodation at present in Canadian hospitals. The Board is also satisfied that there are in the United Kingdom a large number of Canadian invalids who might be sent back to Canada, but whom it has been impossible to repatriate because the available accommodation in Canada has been insufficient. The Board refers to the necessity for a continuance of the past harmony between the Red Cross, both British and Canadian, and of the medical service. This, it says, is unquestioned. The Board is of opinion that the discovery of admitted irregularities at one place at Taplow does not vitiate a policy of relations hitherto obtaining. It feels bound to add that glaring departures from the accepted service methods of administration passed unnoticed at Surgeon-General Jones' inspection.

The Board disagrees with Dr. Bruce, and is strongly of the opinion that the forces and resources of the Empire must be pooled to the utmost in this struggle, therefore, the interchange of personnel is desirable and necessary in the interests of both services. The very instances quoted by Dr. Bruce seem to prove the desirability of such interchange, and the advantage to the Canadian forces of participation of the officers in special investigations is too obvious to require justification. The Board believes the policy adopted by Surgeon-General Jones commends itself to the authorities, for which there is abundant precedent in other branches of the service. The statement that, from many points of view, the interests of the two services clash is contradicted by the evidence of the D.D.M.D., Eastern command, on whose initiative the appointment was made, and who states that Col. Rennie is one of the best A.D.M.S.'s in the Eastern command. The Board is satisfied this arrangement has been and is a good and satisfactory one as regards both Canadian and British interests.

A special hospital, such as Ramsgate, is essential, as if treatment had to be delayed until a patient could be sent to Canada the beneficial results of early treatment would not be attained. The Board appreciates that, though many cases have been admitted and detained there whose immediate transfer to Canada was desirable, Buxton Hospital serves a useful purpose.

In carrying out the procedure prescribed for them, the Board agrees there is necessity for reformation in the Medical Board situation, and in classification of casualties, and it is the opinion that an easy solution would be the adoption of the British system as far as applicable.

The statement that certain medical units are not serving, except in a small proportion of cases, the Canadian sick and wounded in France, is not true, so far as the 13th Field Ambulance referred to are concerned, while, as regards the casualty clearing stations and stationary and general hospitals, it is obvious their employment on the line of communication necessitates their being used for all troops using that line.

THE report for the year ending September 30th, 1916, presented to the directors of the Protestant General Hospital, Ottawa, shows that the cost of maintenance has increased by \$8,000 during the year, due partly to the advanced price of medical supplies. The number of patients treated was 2,944, including a number of soldiers. Forty-six thousand days of treatment were given.

THE cornerstone of the new Kootenay Lake General Hospital was laid on October 21st by Mr. William Astley, of Vancouver. When completed, the new building will contain accommodation for sixty-four patients.

ANNUAL MEETING OF THE SOCIAL SERVICE DEPARTMENT OF TORONTO GENERAL HOSPITAL

Social service and its value in preventing and eradicating disease was set forth at the annual meeting of the Social Service Department of the Toronto General Hospital on January 9th. His Honor, the Lieutenant-Governor, presided, and addresses were delivered by Miss Jane Grant, Dr. C. M. Hincks, Dr. C. H. Hair, Dr. B. P. Watson, Dr. C. K. Clarke and Archdeacon Cody.

Archdeacon Cody said he was glad to find that emphasis was laid upon prevention rather than cure. They should see to it that the way from Jerusalem to Jericho was so well lighted and policed that there would be less falling by the wayside. "We have got to learn that it is the person and not the thing that counts," said Dr. Cody. "We can't afford to lose any child life if we are going to recover from the loss by war. The children's rights are of the first and last importance. The hospital must not stand apart, but must go out after the people. Empathically, we are our brother's keeper, and by service alone can we discharge our responsibility."

Dr. Hincks said that the social service worker was an element to the work of the hospital.

Dr. C. H. Hair reported on the work of the clinic for special cases, and said that eighty cases had been reported to the clinic by the social service workers during the year, while 300 cases had been under treatment.

Prof. Watson spoke of the value of the social service worker to the Maternity Department in tracing and following up mothers in their homes. He advocated a Maternity Department for every part of the city.

Dr. C. K. Clarke announced that a committee from the General Hospital would go to Ottawa the following week and present to the Committee on Conservation a report of the conditions of the city regarding special diseases.

Dr. Clarke declared that the report would be a revelation to the Government and to the public generally. The deputation

would be composed of the following medical men: Dr. C. K. Clarke, Dr. William Goldie, Prof. J. J. Mackenzie, Prof. B. P. Watson, Dr. H. K. Detweiler.

The reports showed that a total of 356 cases had come under special treatment in the clinic during the last year. The total number of patients attending the psychiatric clinic is 885; of these 643 are now feeble-minded cases.

DESTRUCTION BY FIRE OF THE ASYLUM AT ST. FERDINAND DE HALIFAX

FORTY-FIVE insane women patients, inmates of the asylum at St. Ferdinand de Halifax, and a sister of the Community of the Sisters of Charity, of the Quebec branch, were burned to death when the asylum building was completely destroyed by fire on December 29th.

The asylum was situated in the little parish of the same name, in the County of Megantic, and 15 miles from Plessisville. It was one of the regular Government establishments for the care of the insane, it being used, however, only for the care of female patients. Another wing of the building was employed by the Sisters of Charity as a school for young girls of varying ages, and when the fire broke out there were thirty girls in the building. All the girls were rescued, but, owing to the difficulty in the handling of insane women, forty-five perished.

There were 180 insane in the building at the time, and it was only with the greatest difficulty that the 135 were saved. The building is situated at some little distance from other habitations, from which assistance could readily come, and when the flames secured a strong hold there was but little chance of making rescues. The Sister who perished did so in an endeavor to save another patient.

The building was the property of the Sisters of Charity, Quebec, and the patients were taken care of in virtue of the usual Government arrangement. It was a large building, cap-

able of handling considerably more than the number of inmates that were in the place at the time. It was totally reduced to ashes.

The loss is approximately \$100,000, and the amount of insurance is small. According to information received, what fire-fighting organization there was proved to be inadequate, in view of the fact that there was practically no water pressure.

Considerable of a problem was found by the Sisters in taking care of the insane who had been saved, but finally all were rounded up in the hospital building, a short distance away, and which is operated by the same order of Sisters. The girl boarders are also being taken care of in the hospital for the present.

It was a bitterly cold night, and the unfortunate people, inmates, Sisters, and the young girls, suffered terribly for a time until some assistance came, and they were taken to the hospital for refuge.

DR. J. T. GILMOUR IS GIVEN A NEW GOVERNMENT APPOINTMENT

DR. J. T. GILMOUR, Warden of the Central Prison, Toronto, and latterly of the Guelph Industrial Prison Farm, for the past twenty-one years, has been appointed Inspector of Paroled Prisoners in this Province.

The idea behind the new office of Parole Inspector is to keep up the personal touch. Paroled prisoners in the past have been reporting to the police in the districts where they happened to live. This method has proved fairly satisfactory, but the Provincial Parole Board believe that the system can be rounded out in a way which would be productive of greater results, as the Parole Inspector can personally follow the paroled prisoner and see the conditions in which he is living.

Dr. Gilmour, the new Inspector, has an outstanding position among the students of criminology on this continent, and is regarded as one of the ablest advocates of progressive prison government. His rule has laid particular stress on the effectiveness of outdoor labor, and at the National Charities Con-

ference in Cleveland, four years ago, he claimed that it was the solvent of the prison problem. Outdoor labor, he argued, worked a physical, mental, and moral reformation. He quoted statistics to show that only two per cent. of prisoners employed out of doors escaped out of an average of 1,200 employed in the field and on the roads. Under his guidance, reform after reform has been introduced in the method of the better treatment of prisoners in this Province.

The Ex-Warden is the only Canadian who has been elected to the presidential honors of the American Prison Association.

Dr. Gilmour graduated in medicine from the University of Toronto in 1878. He practised for some years in West Toronto, and subsequently established the *York Tribune*, and afterwards represented West York as a Liberal in the Ontario Legislature from 1886 to 1894. In 1896 he was appointed as Warden of the Central Prison.

ARRIVAL OF HOSPITAL TRAIN IN TORONTO

PRACTICALLY unannounced, the Government hospital train, with seventy-four "amputation" cases reached Toronto on January 4th in charge of Dr. L. Silcox, of Hamilton. The train consisted of four coaches, along one side of which were white enameled cots, and in the centre was a wide doorway to permit of the cots being passed out to an ambulance when the invalids are too ill to walk.

ANOTHER HOSPITAL FOR THE COMMISSION

It is understood that arrangements have been made with the Military Hospitals Commission for the use by them, till the war is over, of the beautiful Treble home, corner of Jarvis and Wellesley Streets, Toronto. It is not the intention of the executors of the estate to lease the building to the Commission, but merely give them the use of it until peace is declared, at which time the executors will open up the building according to the terms of Mrs. Treble's will, and turn it into a Methodist

Hospital. The understanding is that it is the intention of the executors to make this institution a hospital for the "middle classes," who will perhaps pay in the neighborhood of two dollars a day. The building is an ideal one as to location and general interior arrangements, and will make a hospital, though not large, second to none in the Dominion.

ANOTHER BRANCH INSTITUTION FOR THE BLIND

THE Canadian Free Library for the Blind has acquired, as a branch institution, the old Worts Home, 142 College Street, Toronto, a few doors west of University Avenue. The property has been purchased from the Toronto General Trusts Corporation, executors of the Worts estate, and very reasonable terms have been secured from the University of Toronto for a five-year renewable lease. The new location has a frontage of about 200 feet by a depth of 225 feet. The house has twelve rooms, and it is the intention of the Executive Board to spend about twenty thousand dollars in renovating the interior and installing equipment for the publication of their own literature, and to instruct the blind to become stenographers and switch-board operators on telephones.

A BRANCH TO SPADINA CONVALESCENT HOSPITAL

CONVALESCENT soldiers are arriving in such numbers in Toronto that the local authorities have been hard pressed to find the necessary accommodation for them. The Spadina Convalescent Hospital is taxed to overflowing. Nominally, it has accommodation for 200 beds. There are at present considerably over this number housed there, and about forty beds are located in the corridors.

In order to meet with the demands, the military authorities have furnished a large house on the corner of Bancroft Street

and Spadina Avenue. Fifty-nine beds have been placed there. A hurry-up call to get the place ready came on January 5th, and everything was ready for the reception of invalids on their arrival.

FURTHER PHILANTHROPY ON THE PART OF MR. AND MRS. W. J. GAGE

It was recently announced that Mr. and Mrs. W. J. Gage, who are well known for their generosity in the past toward institutions for tubercular patients, have donated the sum of one hundred thousand dollars to provide comfortable homes at nominal rental for the widows and children of Canadian soldiers, who fell serving their country. At the present time rentals practically consume all of the allowance made to soldiers' wives, and it is with the purpose of minimizing the expenditure in such cases that this scheme has been undertaken. The rents will be only sufficient to pay for the heating, repairs and maintenance. The City of Toronto are undoubtedly under a further obligation to Mr. and Mrs. Gage for their generosity.

ADDITIONAL HOSPITALS FOR SOLDIERS

THE Military Hospitals Commission, which has now 2,615 invalided soldiers under its charge in Canada, has made further arrangements to accommodate 1,600 more patients at various centres throughout Canada. These latter are the first instalment of the "bed cases." The additional accommodation is distributed as follows:

Montreal—The Royal Victoria Hospital, 80; in a wing of the Grey Nunnery, now partly occupied by convalescents, 300.

Ottawa—St. Luke's Hospital, 80.

Kingston—Queen's University, 600.

Winnipeg—General Hospital, 100.

Edmonton—Strathcona Hospital, 150.

Vancouver—General Hospital, 300.

War Hospitals

ONE OF ENGLAND'S CHOICE MILITARY HOSPITALS

It was by chance alone that I happened to be at Southend-on-Sea on the second anniversary of the landing of the Canadian soldiers in England. But it was a lucky chance, for it afforded me the opportunity of sharing in a celebration of that event.

Southend-on-Sea is England's nearest approach to Coney Island, not so much in the extravagance of its entertainment for visitors—Blackpool, I suppose, holds the English record in that respect—but for the class it attracts. It is London's nearest seaside resort, situated only something more than thirty miles away at the mouth of the Thames.

With its suburb (it is a delicate question which is the suburb), Westcliff-on-Sea, it is the summer home of thousands of London's business people, and the winter home of a large number to whom a fast train accommodation provides as swift connection with the city as is granted to many London suburbs within five or six miles. It is also the "toot" of the Eastender, the "tripper," the young couple whose public demonstration of holidaying is to exchange hats and to saunter along hand in hand eating from a common paper bag.

The pier itself I found to be a cyclonic promenade that juts straight out to sea, an electric railway running out one side and on the other hundreds of fishermen on whose hooks I never saw a fish. The pier is said to be a certain cure for every ill that falls to man. I can vouch for it that a germ would have to hang tight to withstand the wind that blows.

Right at the base of the pier, in an ideal location on the edge of the cliff, stands what was once the Palace Hotel, now one of the choice military hospitals in England. The hotel did not pay. No one in Southend attempts to account for that. But that it did not pay may be ascribed the fact that something more than two hundred wounded soldiers look out over a vista of water and distant shore and a constant stream of boats, from

rooms whose fronts are solid glass, admitting a gush of sunlight that must have its effect on their recovery.

All Sunday afternoon I spent in the hospital, for almost a fifth of its capacity was Canadian. I found them all delighted with the hospital—but lonesome, just a little. They saw few Canadians, were out of touch with the Canadian centres, and to their friends a visit represented an outlay in travelling and accommodation expenses which cannot well be afforded these days. Only one patient had a personal friend with him that day, a soldier-brother, who had been wounded, recovered, and now was on permanent base duty at Shorncliffe. There was no lack of attention; indeed there was a riot of it. All afternoon women with shopping bags came and went, and every bedstand was piled before the afternoon was over with grapes, apples, tomatoes, cigarettes, cakes and tarts. I could, from some personal knowledge of the diets advocated in Canadian hospitals, see for the next couple of days a gorging lad with a pain somewhere—but happy.

There is that advantage to the wounded in outlying parts, that they receive more attention than in London hospitals. I should judge that every Southender incorporates it in his creed to be good to the wounded in the local hospital. At one time it was forbidden to give the boys anything to eat save through the nurses. For some reason that has been dropped. The boys are at least happy. And I know the citizens are.

There were in the beds Canadians from the old Ypres salient and from the new Somme front. One Sergeant I had already met some months before in another hospital, since which he had been again wounded, and was rapidly recovering for another trial of trench life. Grinning, he told me how, up before Courcellette, he had “got a crack on the dome” that had “knocked him silly.” When he came round something hit him in the cheek, and when he “looked out over to see who threw the block,” a shell caught him in the side, and he was again a hospital patient. The “block” that hit him in the cheek turned out to be a bullet, that will always leave its mark.

A former Toronto taxi-driver recognized me as an old fare, and later, as a “rubber-neck” driver, he had often passed my apartments. It was a basis for a real friendly visit.

A Canadian, whose residence in Canada had been too short to impress itself on his Scotch burr, furnished me with a striking illustration of the smile with which Tommy in the trenches has learned to meet every event. He started his story with a strange excitement, that was rendered mysterious by the glowing smile lighting his face. I took it as the announcement for an amusing yarn that was too good to forget. It was not amusing; it was a tale to forget if one can. But it was the smile of the soldier who must smile or succumb. Let them smile.

It was of a friend who had been killed at his side. "Every week," he said, "he would get a letter from his wife back in Canada. They could keep all their pensions, she would say, and their allowance, and their sympathy, if she could only get him back. She was hoping for him somehow at Christmas—I don't know why, but she was."

His smile stiffened and he faltered a little.

"She won't know yet he's killed. . . . I can just see her face when she hears it." And he continued to smile, but his eyes were not looking at me.

I cannot muster the soldier's smile. I suppose my heart is still on my sleeve.

The kindness of Southend to its Canadian guests gave me the opportunity of participating that night in the celebration to which I referred at the beginning. A few weeks before the Canadian Pay and Record Office baseball team, after a game at Southend, had offered to come down and give a concert for the benefit of the local civilian hospital. Like all England's civilian hospitals, Southend's was suffering keenly from the war. So two concerts were given on the day of my visit.

At the evening performance the Opera House was filled. With the exception of one number the entire programme was given by Canadians, and I must admit some surprise that, in this country of vocal development, a group of Canadians picked from military offices could present a performance so creditable. Of course the audience applauded without stint, but, irrespective of the enthusiasm, which would have been displayed under any conditions, the concert was one of which no Canadian need be ashamed.

There were a half-dozen solos, some of them by "one of Canada's leading tenors, who can make more in a night singing than in ten years in the army," announced the Sergeant leader, a 'cello number, an octette presentation of "The Rosary," and a chorus of forty voices. One agreeable announcement by the Lieutenant in charge was that most of the boys taking part had already been at the front, and all will soon be going to Paris with the Canadian massed bands. From there they will be dispersed for active service in the trenches. It was probably intended to meet the frequent criticisms of the retention of non-fighters at the administrative offices. I have no means at the moment of verifying the announcement.

This I can say, that, dismissing for the moment the question of the wisdom or folly of retaining in Britain public performers who were thought to have enlisted in Canada for active service, Canada has received much publicity in the old land from her military bands, her concert parties, and her baseball team. Whether it is desirable publicity is another matter.

At no moment of the day anywhere in Britain is one free from the atmosphere of war. Southend-on-Sea, a hilarious summer resort in time of peace, is almost within hailing distance of Shoeburyness, a great military point protecting the mouth of the Thames. That night on our way to the concert the eastern sky burst every minute into lightning flare, closing the eyes instinctively from its suddenness and brilliance. And then came the sullen boom of a big gun. And all that day, in the tearing gale, aeroplanes darted about like huge dragon flies feeding. Britain is keeping in trim to repel invasion by sky or sea.—*Lacey Amy (Tor. Globe).*

THE Silver Medal of La Société de Secours aux Blessés Militaires (French Red Cross) has been awarded to Dr. Charles Valery, of Edmonton, who is now in charge of a military hospital in Paris. Dr. Valery received the French War Cross some time ago for conspicuous bravery under enemy fire.

NEW WING OF ROYAL NAVAL HOSPITAL AT CHATHAM FORMALLY OPENED BY THE DUCHESS OF CONNAUGHT

"THE gift of these buildings is the expression of our love and loyalty to our King and country, and of our undying gratitude to the brave men who are fighting for the vindication of our honor among the nations, for the advancement of civilization, for the freedom of our Empire, and for the safety of our homes."

So runs the inscription on the new wing which was presented by the women of Canada to the Royal Naval Hospital at Chatham. We had been invited by the Commander-in-Chief, the Nore, and the Surgeon-General to the official opening by the Duchess of Connaught; and, as a limited number of fifty invitations only had been issued to Canadians, and a special train put at our disposal, it was a bit of good fortune to find ourselves whizzing through the fields of Kent on the way to Chatham—an hour's trip. Motors were at the station, and away we drove to the hospital—a group of large buildings surrounding a huge campus, and then the array of naval uniforms that greeted our vision!

Far be it from anybody to be fickle to the khaki, but who was it that wrote "All the Nice Girls Love a Sailor"? and, as everyone knows, "Variety is the Spice of Love," or life or something. At any rate we all had a "fit of the blues," which was but the reaction and natural sequence, I suppose, after the regular epidemic of jaundice or khaki-fever that has been prevalent.

A flag-bedecked passageway, gay with all the multi-colored naval flags used in signalling, led to the gymnasium (which boasts of a floor of "maple"), where the opening ceremony was held, and this good-sized hall was filled with representatives of Canada, the Admiralty, and the staff of the hospitals, Admirals, vice-admirals, and surgeon-generals galore, in their blue and an imposing quantity of gold braid at first made one feel quite "at sea" after the customary khaki, but not for long, as each was a host in himself.

The Commander-in-Chief, the Nore (the "Nore" meaning

the command around the estuary of the Thames River), introduced Sir Arthur May, who, as Director-General of the Medical Services at the Admiralty, made a very happy speech, lauding Canada, and explaining that as the result of Hospital Ship Day throughout the Dominion immediately after war was declared, nearly £40,000 had been forwarded to England. As the navy was then adequately equipped with hospital ships, it was suggested as advisable to use this really splendid sum in connection with the two largest naval hospitals, which resulted in the building of this new wing and of an addition, which is about to be completed, to the hospital at Haslar, Portsmouth.

Sir Arthur May paid a very high tribute to the intensely patriotic energies of Mrs. Albert Gooderham, who was seated on the platform with the Duke and Duchess, and to whose co-operation and devotion to the cause he claimed the greatest credit was due. The Duchess then pronounced the building open, and the Duke added a few appropriate words.

A tour of inspection proved most interesting. The Canadian building, which is of brick and stone, has pleasant rooms with green-tinted walls and parquet floors. It is not for patients, but for the nurses, and gives accommodation for one hundred and twenty sick-berth ratings, as the latter are nautically termed. Accommodation for the senior ratings comprises dormitories and a dining-room; for the junior ratings there are barrack-rooms having bars from which the hammocks, in which they sleep, can be slung, and overhead racks where the hammocks can be stored during the day, leaving the rooms clear for dining and other purposes.

A large kitchen, adequate for preparing food for the three hundred male nurses, was spotless and most up-to-date with steam ovens. By the way, there is only one woman nurse to each ward in this hospital, but if the call that is now extending throughout the Empire for naval nurses be responded to nobly, then it is hoped women will replace many of the men.

The main hospital is a wonderful affair of immense proportions, costing in its entirety £800,000, and it was rather novel to hear the wards spoken of as "sick berths," the smaller corridors as "gangways," and the floors as "decks," for when a sailor is in "sick bay" he needs must keep up his associations.

THE FOURTH LONDON GENERAL HOSPITAL

THE Fourth London General Hospital is one of the largest military hospitals in a country that has developed its care of the wounded into one of the wonders of the war. Probably more Canadian soldiers, officers and privates, have passed through it than through any other hospital in England, and its name must have appeared at the top of thousands of soldiers' letters back to Canada.

Denmark Hill, the London suburb in which the hospital is situated, was known before the war more for its pensions and for the "Fox Under the Hill," a saloon which records its age on a huge sign over the door as dating from the sixteenth century. Once Denmark Hill was the home of Ruskin, and there is still Ruskin Park, but Ruskin Manor is now only a rejuvenated boarding-house, with its private golf course and *en tout cas* tennis courts.

Now the suburb is little more than a huge hospital.

It was a happy accident that there were already under construction, when war was declared, two hospitals just beneath the hill, the King's College and the Maudsley. The latter is a moderately-sized building of two hundred beds, which the London County Council turned over to the military authorities. The former is a huge affair which had already been opened in part for civilians. But these two buildings were not sufficient. Now there are eight separate structures and an extension of seventeen huts, the whole covering parts of several blocks. The accommodation is 1,860, with the same administration controlling 450 beds elsewhere in the district. Besides the two hospital buildings, three schools and three large residences have been taken over, and there will be other extensions when required.

The staff is, of course, Imperial, the attending physicians being among the cleverest and most celebrated in England. They are all members of the consulting staffs of the large London medical schools.

Of the patients, something like four hundred are officers, their quarters, the main building and one of the old residences.

One hundred of these are at the present time Canadians. There are now very few Canadian privates, the centralization scheme having been put into limited practice already. No longer will the "Fourth General," as the boys call it, be the commonest "blighty" experience of the Canadian wounded.

The main building lacks nothing that modern development has designed for a hospital. Convenience and comfort are complete. I do not know how many wards there are, but it is like a town to itself, with many side streets shooting off from the main halls. The wards are all lighted on three sides. In the centre aisles of each are two pair of grates back to back in mid-floor, affording cosy lounging for a couple of dozen patients.

DR. MARGARET PARKS recently spent a short time at home, having been given a short leave from active service. Dr. Parks left for England at the outbreak of the war, and was immediately attached to No. 1 General Hospital at Etaples, where she rendered most valuable service. Dr. Parks graduated in medicine from Toronto University in 1901, after studying preliminary at McGill. At the outbreak of the war she enlisted, not as a physician, but as a nurse, and received a commission as Lieutenant in the Army Medical Service. She has recently been acting as anesthetist under Col. (Dr.) Murray MacLaren at No. 1 General Hospital.

Lieutenant-Colonel F. G. Finley, C.A.M.C., of Montreal, has been appointed Consulting Physician to the Canadian Hospitals in England. Lieutenant-Colonel Finley went Overseas with the First Canadian Division as Chief Medical Officer of No. 1 Canadian General Hospital.

Colonel Herbert Bruce, though resigned from the C.A.M.C., will not return to Canada. He has accepted from the Royal Army Medical Service a very important appointment in France, where he will be in charge of the surgery of a number of large British hospitals. Canadians will be pleased at this tribute to Colonel Bruce's ability as surgeon. He is expected to stay on till the end of the war.

Items

HOSPITAL MEMORIAL TO CAPT. TURNBULL WARREN

As a fitting memorial to their late President, Capt. Trumbull Warren, son of Mrs. H. D. Warren, "Red Gables," Wellesley Street, Toronto, a member of the 15th Battalion, 48th Highlanders, who gave his life for his country at Ypres, Belgium, on April 20th, 1915, the employees of Gutta Percha & Rubber, Limited, have presented to the Superintendent of Toronto General Hospital \$5,000 for the purpose of endowing a bed. The bed, which has been placed in one of the men's surgical wards, bears a brass plate inscribed as follows: "A memorial to Capt. Trumbull Warren of the 15th Battalion, 48th Highlanders, killed at Ypres, Belgium, on April 20th, 1915. Endowed by the employees of Gutta Percha & Rubber, Limited." The bed will be used, as far as is possible, for soldiers only.

COL. SHILLINGTON NOT CONNECTED WITH TAPLOW HOSPITAL

It was recently announced in the daily press that Col. Shillington had been connected with Taplow Hospital, which institution has been under investigation for certain alleged irregularities. It was officially stated by Sir George Perley, Overseas Minister of Militia, that Col. Shillington was not connected with the hospital, and was not in any way responsible for its administration.

To Lysol Buyers

THE attention of the Hospitals is respectfully called to this FACT, that when in need of the above they can procure an article identical to Lysol, under the name of "Solyol," which is manufactured in Canada and is guaranteed by Bacteriological and all other tests to be identical to Lysol.

They also manufacture Polusterine, the only non-poisonous disinfectant on the market with the same Rydal Walker co-efficient as the above. This is a medicinal article prepared from the essential oil of the pine (*Pinus Palustris*) with Eucalyptol, Oil of Thyme, etc.; is miscible in water to any strength desired and has the pleasant odor of the pine. Will dry up Poison Ivy and Scaly Eczema in from four to eight days. Contains neither Soap nor Rosin. Ideal for bathing patients recovering from contagious diseases.

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"Bynogen" should be mixed in a small quantity of cold water to a smooth thin paste; this may then be added to a cupful of hot or cold fluid, such as water, milk, cocoa, beef tea, arrowroot, soup, etc. "Bynogen" can, if desired, be taken alone or sprinkled on bread and butter, toast, puddings, or similar articles of solid food.

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THE Sundry Department of the C. C. R. Co., Limited, is a typical example of the application of up-to-date business methods to light manufacturing processes. The building is of fire-proof construction, spacious, and provided with modern heating and ventilating arrangements. Special attention has been given to the artificial lighting, since good lighting is a matter of first importance for this class of work.

The work-benches are all provided with zinc covering, and are kept scrupulously clean. The Company provides a white over-garment for each employee, which they are required to keep in clean condition; this greatly adds to the smart, orderly appearance of the department. An unusual feature, but one which is greatly appreciated by the help, is a player piano, which furnishes the latest rag-time and classic as the employees go about their various duties. To any who doubt the psychological value of this means of stimulating the energies of the employees who are engaged on a class of work which does not call for mental or physical exertion, and which is liable to become monotonous, we can only say that the atmosphere of contentment and good cheer thus engendered has proved to be a great help towards producing first-class goods, and also in stabilizing labor conditions in the department.

The excellent working conditions have attracted an exceptionally high grade of employees, and have enabled the Company to retain its help when external labor conditions have offered counter inducements.

The Fatal Event In Pneumonia

is due either to a gradual toxemia or to a mechanical interference with respiration and circulation. (Osler)

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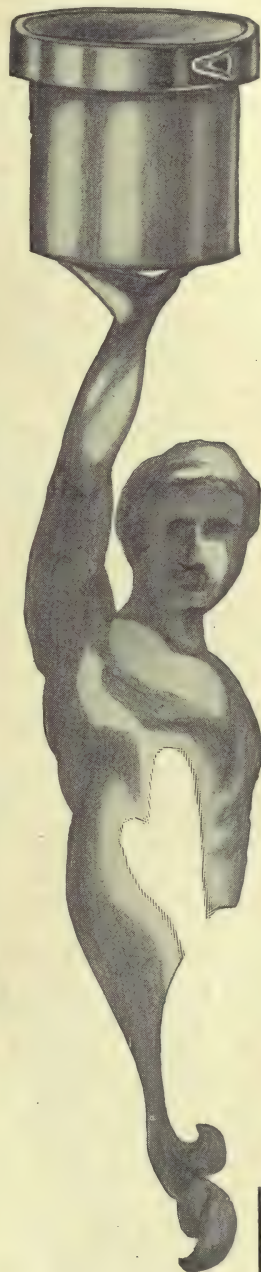
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Some idea of the volume of business done in this department may be gathered from the following figures, which represent the production on some of the chief lines for the past twelve months:

Tobacco pouches, 130,000; hot water bottles and fountains, 100,000; syringes and douches, 60,000; bath caps, 60,000; cushions and bladders, 50,000; rubber gloves and mitts, 20,000.

All goods have to pass a staff of trained inspectors before being shipped, and the enviable reputation for excellence of quality which the product of this department enjoys is sufficient testimony to the efficiency with which this inspection is carried out.

"Chiclets" on Active Service

MISS MYRA GOODEVE writes from Saloniki that the soldiers in the Hospital there have to take quinine in solution, and that the Chiclets sent them are greatly treasured "to take after their medicine."

Geo. W. Brady & Co.

THE recent announcement that Mr. Clarence E. Rohrer is now associated with the firm of Geo. W. Brady & Co., is of particular interest to X-ray men. Mr. Rohrer has been in the past connected with The Scheidel Western X-Ray Co., and their successor, The Victor Electric Corporation, and in his work has made many friends in the profession.

Aside from Mr. Brady himself, probably there are not a half-dozen men in this country as thoroughly and practically versed in the intricacies of Roentgenology as is Mr. Rohrer, and his association with Mr. Brady puts all his experience in X-ray work at the disposition of all X-ray men, regardless of what X-ray apparatus they may be using.

"Paragon Service," for which Geo. W. Brady & Co. are famous, has been of much valuable service to the profession, and manufacturers of X-ray apparatus. Adding Mr. Rohrer's talents to the organization greatly strengthens it, and we believe the field is to be congratulated quite as much as are Messrs. Brady and Rohrer.

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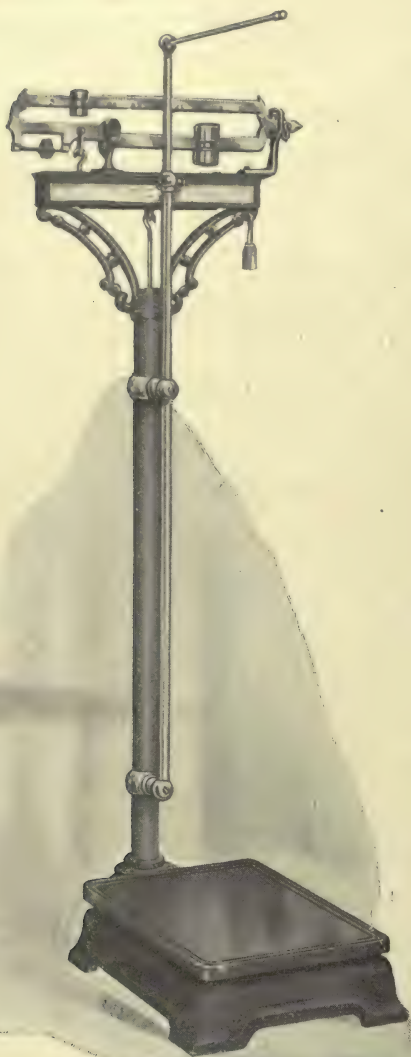
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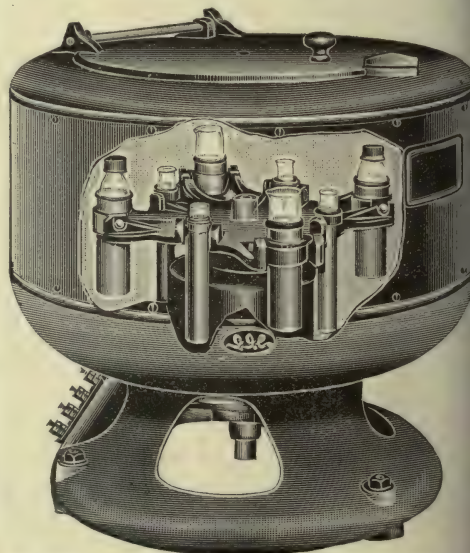
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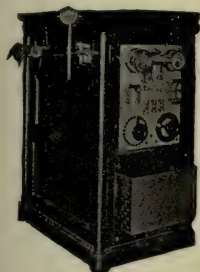
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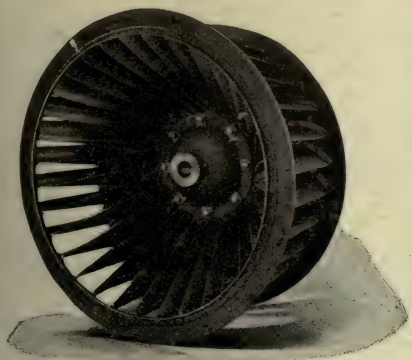
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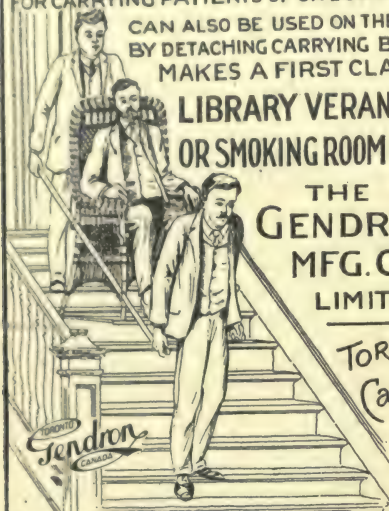
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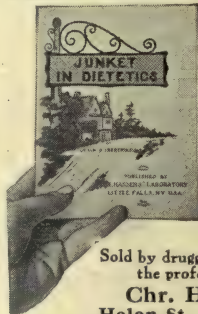
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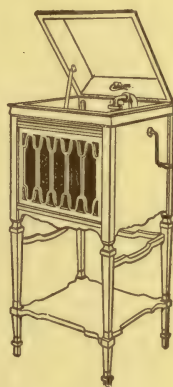
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THE HOSPITAL WORLD

Vol. XI (XXII)

Toronto, March, 1917

No. 3

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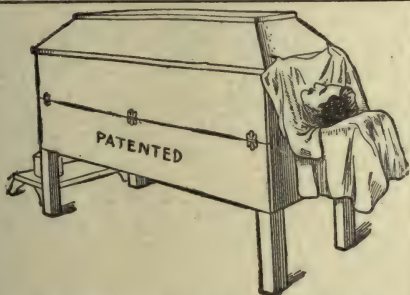
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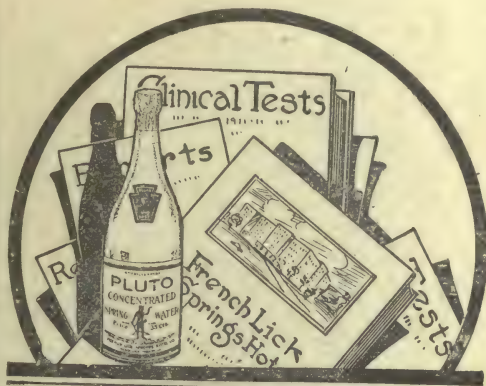
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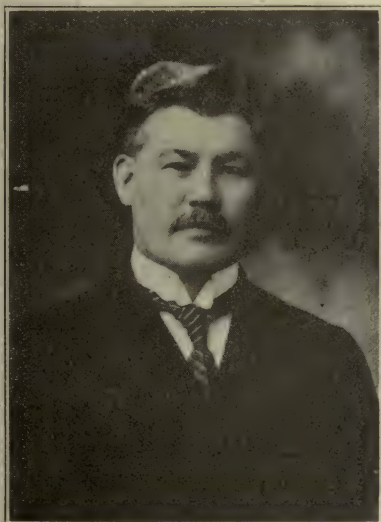
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Vol. XI.

TORONTO, MARCH, 1917

No. 3

Editorials

ALBERTA HOSPITAL LEGISLATION

ALBERTA has a more than ordinarily radical piece of legislation to consider this year in the form of a Free Hospital Bill, which aims at nothing short of the nationalization of the whole public hospital service in

the Province. A scheme to this effect has been under consideration by a number of popular organizations and citizens' committees for the past two years or more and the plan crystalized last Fall into a request of the Government to introduce Legislation accordingly. The Bill now forming one of the Government measures, to be presented to the House at its sitting this Winter, is the outcome.

The suggested plan is that the public hospitals of the Province should be put on a thoroughly democratic basis, and that the system of administration should be so changed as to provide for their entire support from public funds, leaving their services available to the people without individual fees. A direct tax on land is proposed as a means of meeting the cost of operation and maintenance, on much the same plan as that of the public school system.

In detail the new scheme will provide for the division of the Province into Hospital Districts, which are to be so arranged that Hospitals may be established within reasonable reach of all. The aim is to have at least one Hospital for every twenty-mile radius and each District will probably cover four municipalities. The Hospital Districts will be administered locally, but in strict accordance with the principle of State control and responsibility. Under the Government Board there will be Local Governing Boards which will be elected by a poll of proportional representation. These Boards will be charged with the duty of controlling and operating the local Hospitals, the Government reserving, however, the right

of supervision and general direction. Official inspection is provided for and there will be a Provincial Standard for nurses with full provision for their training.

As soon as possible after the formation of a Hospital District a referendum must be held in it and the question of constructing and maintaining a Hospital within its boundaries. The Hospitals so authorized are to be built and operated by a tax on the land and other resources such as coal and mineral deposits, and the service of the Hospitals is to be free to all residents of the district without fees.

The Alberta Legislature will presently decide whether this scheme is to be made law or not.

THE ONTARIO LEGISLATURE AND THE CARE OF MENTAL DEFECTIVES

AN influential deputation waited upon the Ontario Government on January 26th and discussed at some length the whole question of the care of mental defectives. It was pointed out to Premier Hearst that unless the problem of mental defectives be settled without delay, it will soon get beyond control. It was also pointed out that the proposal was to establish institutions of the industrial farm colony type, one for boys and one for girls, accommodating in all about five hundred pupils. The boys' buildings, as we have already stated in this Journal, will be in the neighborhood of the Industrial Farm for Men in Markham Township, and the girls on the eastern portion of the

Women's Industrial Farm. The Toronto City Council have already consented to set apart sufficient land for the purpose of these colonies and the Board of Education is willing to give \$100.00 per annum for the support and maintenance of each pupil it sent. An effort will also be made to get the Separate Schools in the Province to contribute in like manner. The deputation asked the Provincial Government for a grant of at least \$50.00 per pupil per annum.

It was stated that it was not the intention to take into the colony feeble-minded of all grades, but only the higher grades, which are at present the greatest menace to society. It appears to us to be more than wise that what are termed idiots be not taken in as patients at the farms, as it will be absolutely necessary that other provision be made for these poor individuals. It is intended that the defectives who go into the institutions shall be so trained that they can later become self-supporting. There is no doubt that quite a number of the cases so treated should ere long be able to go back into society once again, it not being the intention that the inmates of these institutions shall be kept for all time, but only till they are about twenty-one years of age, at which time they might be handed to the care of the Province. The whole question of the treatment of defectives is a very large and serious one, as, at present at least, it would appear as if it will be impossible to handle mental defectives throughout their entire life. It should not be up to the City of Toronto to take on *all* the responsibility, and we would urge the Province to at once assume their share of the burden.

COLONEL HERBERT BRUCE VINDICATED

THE following Editorial appeared in a recent issue of "Saturday Night," and as it expresses exactly our opinion, as voiced in the December number of The Journal, we reproduce it:

A little sharp and straight criticism at Ottawa pertaining to the conduct of army affairs will do no harm. Indeed, it may be the means of clearing up some matters which are extremely disquieting at the moment. For instance, everybody who is in at all close touch with matters in England knows that this so-called Baptie report which was intended to whitewash Surgeon-General Jones and cover up his deficiencies, and the deficiencies of those under him, and at the same time blacken the reputation of Col. Bruce and those with him who assisted in the investigation, is no more nor less than a specimen of dirty politics. And one may go so far as to say that no one knows this better than does Sir George Perley, who has been familiar with the question from the beginning. It matters not whether Col. Bruce is given an important appointment at the front, or whether Surgeon-General Jones gets an Irishman's rise by being shifted from one appointment to another. The fact remains that a deliberate but futile attempt was made to discredit Col. Bruce's report, and that of itself is a sufficient condemnation of the methods in vogue. As in many other departments in connection with the war, so in this, we back and fill, back and fill, but get nowhere. Does one imagine for a moment that a condemnation of Col. Bruce's report is going to clear up the situation as regards our hospitals in Europe? Is it going to clear out the doctors who go on jags in business hours? Is it going to terminate the nuisance of having small Canadian hospitals in charge of well-intentioned but ignorant English ladies of family, to the exclusion of Canadians who know their business? And, mind you, Canadians are paying for these hospitals, not the English ladies of family who are heavy on social prestige, but light on the wants of a sick soldier.

According to Sir Robert Borden's figures, given out the other day in the House, Canada has actually sent 310,000 men over-

seas. But he does not tell us how many of this number were eventually turned down in England as being medically unfit. We are creditably informed that the number is astonishingly large, running into thousands. Nor are we told how many of this 310,000 have been, and still are, occupying safety first jobs in the Canadian Records Office, and in the what not of semi-military life in London. A short time ago there were somewhere around four thousand in the Record Offices alone, whereas the same work is done for an equally large, if not larger, force contributed by Australia and New Zealand, by one-sixteenth of four thousand.

Upon the fearful waste which has been, and is still, taking place in the various arms of the service, there is no need to dwell, any more than to mention one item alone, that of medical unfits, who, through gross laxness, were allowed to enlist and go overseas. It is estimated in London by those who should know that it has cost Canada up to date no less than \$25,000,000 for the training, equipment, maintenance, transportation, etc., of our unfit soldiers.

A few examples of the gross mismanagement of the Army Medical Department in Canada should be sufficient. For instance, in one battalion of approximately 1,000 men, it was found by the medical authorities in Britain that no less than 450 were unfit for military service. Some of these men were either too old or too young, and the remainder in such a state of physical health as to render them not fit for service. So many boys, under 18 years, have been sent out from Canada, to be either kept back or discarded upon their arrival in England, that there is now actually sufficient to make up an entire battalion. The fact that incurable tubercular patients have gone from sanitariums right into military training, to later on litter up the military hospitals in England, has before been referred to in these columns. And these are not isolated instances, by any means, for incurable tubercular cases have joined the Canadian army by dozens. It is quite apparent that either from design, lack of proper instruction, or ignorance, thousands of men were passed in Canada who should never have been enlisted. In Toronto, men with serious heart affections have got by the medical examiners, and even when these examiners' attention was called to these cases by the family doctors, they refused to discharge the invalids. And this is how,

in one department alone, the people's money has been wasted by the millions.

Colonel Bruce had the courage of his convictions, and did not hesitate to express them when and where he thought necessary, notwithstanding the pressure brought to bear upon him socially and politically not to let in the light of day where it was most needed. We again congratulate Dr. Bruce upon his fearless truthfulness and now, having done all, let him stand. We earnestly trust that, notwithstanding the Baptie report, which many think contains contradictory statements, his frank criticism will result in our brave boys being better handled and speedily hastened back to convalescence.

DINNER TENDERED TO DR. H. A. BRUCE

THE Medical Profession of Toronto tendered a banquet to Dr. Bruce at the King Edward Hotel, Toronto, on February 14th. Covers were laid for 125, and every place was filled. The chair was occupied by Dr. J. A. Temple, who at the last moment took the place of Dr. A. J. Johnson, who was taken ill. The guest of the evening sat on Dr. Temple's right, some of the other guests being Sir William Mulock, Mr. Justice W. R. Riddell, Sir John Eaton and Sir Henry Pellatt. The toast to Dr. Bruce was proposed by the chairman. In replying Dr. Bruce very wisely made no reference to anything controversial, but gave a very interesting account of some of his experiences while on active service. Sir William Mulock and Mr. Justice Riddell very eloquently proposed and replied to the toast "Canada and the Empire." The whole affair was exceedingly pleasant and a fitting tribute to a member of our Profession who, we feel, has been most unjustly criticized.

War Hospitals

FINE OLD HOME PRESENTED BY THE MASSEY-HARRIS COMPANY IS ONE OF THE FINEST CONVALESCENT HOSPITALS IN ALL ENGLAND

BY PERCY PERCYVAL.

"KINGSWOOD Home for Canadian Soldiers is the finest convalescent home in all the British Isles," exclaimed dozens of Ontario officers and soldiers to me at that lovely old estate near the far-famed Crystal Palace.

And it's all true. The writer has journeyed pretty well over the world for many years, and it would indeed be hard to find a more lovely, quiet and restful retreat than this fine old estate, secured by the Massey-Harris Company of Toronto, and now sheltering about one hundred and ten wounded Canadians.

The view from the old battlements and roof-balcony is grand beyond compare. Delightfully located on perhaps the highest point of "Olde London-towne's" vast area, one catches a glimpse of parts of several counties. Not far away lies the greatest of cities, with its surging, hurrying throngs, yet one hears only the song of the thrush and whippoorwill in the old oaks and pines, so completely is "Kingswood" isolated by its park of over 32 acres. Nearby is the old "Queen's Hotel" at "Upper Norwood," where once the father of the present Prussian Kaiser spent some time in England, selecting it on account of its high altitude.

Yet this newly opened home is remarkably accessible, requiring only a short ride from Waterloo Station, by railway; or electric trams and the several underground tube lines and omnibus lines also bring the visitor quickly to Dulwich. These "bus" lines are now "manned" by pretty girls, for "Sister Sue" has

bravely "taken brother's place" while he goes out with the allied armies.

The firm of Massey-Harris Company, Limited, of Toronto, has secured a lease of "Kingswood" for three years, or until the conclusion of the war. It is a noble old mansion of the Elizabethan style of architecture, and stands over two hundred feet above the level of the sea.

"Come," said Superintendent W. B. Jamieson, "we will take a walk through the home." So we started, and I found that as a sanatorium or convalescent home it is peculiarly well adapted. It has been left to the discernment of colonial connoisseurs to acquire this health-giving location, and it is extremely improbable that once having "sampled" the unique adaptability of the property, they will relinquish the right to acquire permanent possession.

The original "Kingswood" was built by Mr. Thomas Tapling, M.P., a well-known city carpet merchant, and a noted philatelist. In 1890 the property was purchased by Mr. John Lawson Johnston—of Bovril fame—who, including enlargements and elaborate accessories, spent £100,000 on the estate.

On the death of Mr. Johnston the estate was disposed of to a Russian princess. Rt. Hon. D. Lloyd George, Chancellor of the Exchequer, paid on July 5, 1913, a memorable visit to "Kingswood," despite the threat of the "Suffragettes." Last year the estate was rented by Lord Tredegar, during the period of war service with the R.N.D. at the Crystal Palace.

Some notion of the capacity of the mansion, and of its suitability for the Samaritan purposes it is now being put to, may be gathered from the fact that it comprises 49 rooms, exclusive of the two entrance lodges, and coachman's, chauffeur's and gardener's cottages. The great and outer halls, with their galieried staircase, lofty beamed ceilings, and stained glass windows, are of palatial dimensions. In the beautiful drawing room is a splendid Algerian marble chimney piece, rich hand-worked plaster ceiling, and satinwood fitments. In the dining hall is a handsomely carved fireplace, and the painted panels of the ceiling represent the months and seasons. The billiard room is most luxuriously fitted with raised platforms and electric fans for carrying away the smoke. On the main corridor of the first

floor is the library, ballroom and a suite of spacious bedrooms. At the far end of this corridor is the "Culloden Room," an exact replica of Queen Mary's apartments at Holyrood Palace, the stained glass windows depicting Jacobean incidents.

During Mr. Johnston's tenure "Kingswood" contained a large number of historical articles. In one of the bedrooms is a quaint canopied bedstead from "Culloden House," said to have been used by Prince Charles Edward for three nights previous to the fateful "fight for Culloden." Mr. Johnston paid \$750 for this piece of furniture. After St. Cloud Palace was destroyed, during the Franco-Prussian War, many interesting articles associated with the royal residence were bought by Mr. Johnston from the French Government, including the famous marble fountain on the front lawn at "Kingswood"; part of a column of red marble from the Salon de Mars, and several of the fire backs in the rooms, etc.

The grounds are of singular and diversified beauty. From the battlemented tower of the so-called "Castle Ruins" a glimpse is obtainable of the browsing cattle in the park—where at one time deer were kept—the spires and gables of Dulwich College, and away in the distance the dome of St. Paul's, the campanile of Westminster, and still more distant heights of Highgate and Hampstead. Singularly picturesque are the gardens and lawns and avenues. There is an ornamental lake winding in and out of the trees and plantations, and spanned by an artistic stone-built bridge. There is a six-hole golf course (capable of being extended to nine holes), and tennis, croquet, and bowling lawns. The outbuildings are of the same complete category; stabling, coach-houses, carpenter's shop, and even a slaughter house, for at one time a model house-farm was in full swing, with accommodation for a large number of cows.

This is but a mere summarized description of the "Kingswood" domain. The gallant war-worsted warriors from the "Land of the Maple Leaf" revel in their sylvan quarters, and it is not a rash prediction to make that the dwellers in many a Canadian township and private homestead will be regaled with glowing descriptions of the beauties and comforts of "Kingswood."

Under the portico stood a Red Cross ambulance. Reaching it,

I found a brass plate on the driver's seat with this inscription: "British Red Cross Society. Presented by the Women of Calgary, Alberta," while the sides bore the legend "Canadian Red Cross Society."

At five o'clock tea was served in the large oak-panelled dining room, at which were present a fine, happy lot of Canadians, who seemed to enjoy the most daintily served tea one could imagine.

It was the day for the regular visit and inspection by Assistant Manager H. B. Robinson, who, as very many will remember, is one of the well-known ex-residents of Toronto.

In a smaller dining room at "Kingswood" a very prettily appointed tea table was set, also at five o'clock, at which the Matron, Miss Hardinge, of Toronto, presided. The other members of the party were Assistant Manager Robinson and Secretary Jamieson.

Every Friday evening an entertainment is given at this unique Toronto Soldiers' Convalescent Home and Hospital. Some fine musicians—amateurs generally—visit "Kingswood," and freely render vocal and instrumental selections. This evening there was a special concert given, and popular songs brought great applause from our soldier boys, who were massed in the great "Old Reception Hall," near the grand entrance to this old baronial hall of nearly fifty rooms. "It's a Long, Long Way From Berlin to London" is the song which captivates our Canadian soldiers. A fine solo on the "phono-fiddle," the lately patented English one-stringed violin with a horn attachment, was another pleasing innovation this evening. There were quintets, duos, and fancy dances, monologues, and a variety of attractive numbers rendered. So, you see, your boys in this home are having "the time of their lives."

Miss Carolynne Powell, of Brantford, Ont., is one of the graduate nurses from Roosevelt Hospital, New York City, now here. She is well liked by all and enjoys England and her work.

Miss Hardinge, of Toronto, is Matron at this beautiful home. She graduated at the Montreal General Hospital. Recently she was Superintendent of Nurses at St. John's Hospital, Toronto. She likes the work very much here. She praises the Canadian soldiers and considers them most obliging patients.

Miss Constance McMechan, of Toronto, is one of the graduate nurses here at "Kingswood."

Miss Muriel Wilson is also one of the very popular nurses here from Toronto.

Miss Florence Oram, who was born in Toronto, and graduated at St. Luke's Hospital, New York City, is another of the many obliging nurses here now from your city. She said to-day: "Yes, I was in the Public Health Department in Toronto for a year or two, and we arrived at Liverpool last May."

CANADIAN CAMP ON EPSOM COURSE

BY LACEY AMY.

THE pretty little English village of Epsom has always had fame thrust upon it. In this beautiful country the villages seem to be a part of a tremendous scheme of landscape gardening that makes a Canadian envious. Therefore, from its location and surroundings, Epsom could not claim a distinction that does not belong equally to hundreds of other hamlets and villages. And yet it has perhaps been the best known of them all.

One does not need to know a fetlock from a bookie to have heard of the Epsom races, no matter on which side of the ocean he may live. The traffic on the road to Epsom during the races has long been the limit of congestion conception, and it did not seem possible that even the war could interfere with such an institution. But it has. Now the huge grandstands loom up as relics of a day to which every Englishman is hoping for a speedy return. Even the incident of the suffragette who gave up her life for the perpetual fame of Epsom and other things is but a vague outline in popular memory.

But Epsom is not forgotten. To-day it is more closely associated with the spirit of the times than it ever was. As an expert in expediency it might be said to savor of political genius. In peace it revelled in the diversions of peace; in war it turns its hands to the grim realities of strife—both, one might say, the sports of kings.

For Epsom is now the location of a great military camp, whose connection with the actual struggle is more intimate than that of any other camp in England. Thousands of Canadian soldiers will return to Canada with more vivid memories of Epsom than of any other spot in England.

NO ORDINARY CAMP.

The Epsom Camp is not the ordinary military camp where raw recruits are put through their paces to the disgust of themselves and of their officers. It is a veterans' camp, the rallying point of those who have faced the Germans, retired for repairs, and are about ready to return to get even. A Canadian soldier comes to England, receives a severe drilling of some months at Shorncliffe or Bramshott, crosses the Channel, stops a German bullet with some unvital part of his anatomy, passes back through hospitals in France to hospitals in England, is shunted out to a convalescent home when his wound ceases to give trouble, and as a last stage before returning to the front he finds himself at Epsom.

Epsom is in reality a convalescent camp. You can't experience its joys and sorrows unless you have been hit by disease or by German shrapnel—you are not likely to see it without a gold stripe on your sleeve. Registering as it does the final step before the second round in the trenches, Epsom cannot be said to be popular. You are justified in coughing diplomatically when you hear of soldiers clamoring to get back at the Germans. It is more thrilling to tell and read it that way, but less reasonable. A soldier does not have to be a funkier to prefer England to the Ypres salient, for instance. He is not guilty of evading his duty because he does not look forward to a second taste of France. Therefore Epsom is not a recreational stage.

Also, take a man with several months or weeks of hospital inertia and enervation behind him and put him at physical drill that nips him in the muscles he has allowed to go flabby, or in joints stiffened by careless German shooting, and the days will probably pass with a groan, even though their duties mean health and strength and vim. And that is what Epsom does for him.

IDEAL LOCATION.

The camp is located a couple of miles from Epsom Station, within the massive stone walls of one of the golf courses of the Royal Automobile Club. The original Canadian camp, now called the Farm Camp, was pitched in a grand grove of oaks about the old farm buildings of the property. Later the Imperial Army laid their hands on nine of the twenty-seven holes of the course and established an Imperial camp. Canadians began to dominate, and at last the Imperial authorities, while retaining possession of it, placed it under Canadian officers—not without some feeling on the part of the Imperial officers I am told. Now Major Irving, a Canadian with Toronto connections, is in charge, with Captain Roy Thomas, a College Street physician, as adjutant. The capacity of the camp is four thousand, of which twenty-five hundred are Canadian, one thousand Imperial and five hundred Australian. Over these are twenty-five Canadian officers, five Imperial and two Australian.

Entering the gate in the impressive stone wall one is struck first by the unexpected neatness of things. The paved central road extends for more than half a mile, angling across the field with two right-angle turns, with the huts facing it on both sides. The three divisions of the service are distinct, the Canadians for the most part being nearest the gate, then the Imperials, and the Australians on a branch road of their own. Separating the Canadians and the Australians has been found everywhere conducive to the physical and mental well-being of both. I can give assurance of this, that the huts of the Canadians give evidence of a superior care and cleanliness of which I, as a Canadian, feel proud—although the entire camp is a model in those respects.

MANY DECORATIONS.

Before each hut stands a thirty-foot square of ground into which are crowded to overflowing the energy and ambitions of the occupants. Some have gone in for flowers and in the few months the camp has been open have produced a wonderful panorama that makes the place look like a huge market garden, an impression that is increased by the utilization of the spaces

between the huts for the growing of vegetables. Others have allowed their artistic instincts free rein for the construction of elaborate designs of mottoes, phrases and patriotic symbola, and the effect is a revel of color. These latter works of art show on a surface graded so as to slope towards the road and are built up of bits of broken colored bottles, pieces of coal for black, of brick for red, and of whitewashed stone for white.

Just within the gates "Toronto" flames at one in big letters, with sufficient other wording to prove that some patriotic Toronto battalions have limbered themselves into condition within the hut they front. Farther along a striking caricature of Satan announces a hut of "Little Black Devils" from Winnipeg. There are flags and maple leaves galore, short sentences, memorials and designs that betray residents of more than ordinary artistic ability. And all show a development of imagination and a capacity for work and devotion that give the visitor a singularly agreeable impression.

The most elaborate garden is halfway up the road. On the afternoon of my visit a half-dozen serious-looking Canadians in shirt sleeves were industriously working on it with a pile of glass and coal and brick, referring now and then to a detailed plan on a sheet of paper. During the previous night some jealous soldiers had trampled over the work of their hands, entailing another couple of back-straining days in its renewal. At the top of the grade, ranged in a curve, were the flags of the allied nations up to the time of Roumania's entry, the Union Jack being in the centre in splendid size. What troubled them now was that the addition of Roumania would throw the Union Jack out of the centre. They inquired anxiously of me if I thought it worth while waiting to see if Greece wouldn't come in to even up their design. Before the flags were the names of the Canadian Provinces with their capitals, and in the centre, on a raised plaque, the words "Our Home," and "Lest We Forget." Then came excellent designs of an Indian warrior, his squaw, a beaver and a moose; and down at the front was a list of the battles in which the Canadians have figured—Lange-marek, St. Julien, Givenchy, Festubert, Hooge, Ypres and others. Courcellette was not yet added.

LOTS OF ENTERTAINMENT.

The camp is amply provided with entertainment. There is a concert hall seating a thousand, at which are presented two cinema shows a week and a number of concerts provided by public entertainers. To meet the current expenses the soldiers are charged an entry fee of a penny and the officers sixpence. A Queen Mary Tea Room gives the soldiers opportunity for entertaining their lady friends, and off it are a billiard room and a reading room. The Y.M.C.A. also has a tea and a writing room. There are a gymnasium, a miniature rifle range and a skittle alley. The bar is beyond the control of the Canadian authorities except as to hours. These are limited to three a day, two of them in the evening.

The rear of the camp overlooks the golf links, a typical English scene of rolling downs and luxuriant trees. It provides the necessary diversion for the officers, and gives a pleasing touch of life to the surroundings. But the war has interfered sadly with the clubs of England. Although it was a Saturday afternoon there were but two parties on the links. And that night, in the fine old clubhouse, once a monastery and always the crowning point of a scene of wondrous beauty, we had the dining-room to ourselves; the sitting-room grate had to be lighted specially for us.

In the Stygian darkness of Zeppelin-menaced England we trudged to the station after nine o'clock, the blackness so intense that only an outstretched umbrella warded off the thousands of returning soldiers who knew the route by instinct rather than by sight. In a railway compartment with tight blinds we reached London, and through the uncomfortable sightless streets of the city the journey was completed. England is surely at war just now.

NO. 10 STATIONARY HOSPITAL

No. 10 Stationary Hospital, under Lieut.-Col. E. Seaborn, London, has taken charge of Canadian Military Hospital at Eastborne and the Military Hospital at Seaford.

QUEEN'S UNIVERSITY MILITARY HOSPITAL

QUEEN'S University Military Hospital (No. 7 Canadian General Hospital) left Le Treport on November 14th to take up its quarters at Etaples. This unit has now accommodation for 2,290 patients, and it has been found necessary to enlarge the staff by the addition of twenty-five nurses and a number of orderlies.

THE MILITARY HOSPITALS COMMISSION AND THE MILITIA

ARRANGEMENTS have been completed for one hundred military bed cases to be cared for at the Toronto General Hospital. There are rumors of dissatisfaction at the work of the Military Hospitals Commission in this district, and it is feared that there may be a clash between them and the militia authorities. It is stated in support of the contention of those who criticize the work of the Commission that it was established primarily to provide adequate hospital accommodation for returning convalescents, to look after vocational training of returned soldiers, and to look after repatriation and reassimilation. Recently the Hospitals Commission has been established as a separate command, and those who criticize them suggest that in the eagerness to bring this about the original duties have been neglected. "In the first place they have failed to provide adequate hospital accommodation," said one who is in close touch with the situation. "Spadina Hospital is crammed, and College Street is pretty much in the same position. For some reason, best known to themselves, they have refused to avail themselves of the opportunity to accommodate some of their patients in the military hospitals. So far as vocational training is concerned, they have been hampered by reason of some difficulties which they had with the Ontario Government, but then again, they have not the necessary accommodation to do much of the work except such as they do at the Technical School. They cannot give any vocational training at the Convalescent Homes because they have not sufficient room.

Then again, in the matter of repatriation and reassimilation, they have failed. They are not reassimilating the returned men to anything like the extent which they ought to be doing."

**COL. (DR.) E. B. HARDY, D.S.O., APPOINTED
COMMANDANT OF THE BASE HOSPITAL,
TORONTO**

IMPORTANT Staff changes affecting the Base Hospital, Toronto, and the Military Hospital, Hamilton, were announced by Col. F. W. Marlow, on January 29th. Col. E. B. Hardy, D.S.O., who has seen service on the Western Front, was appointed Commandant of the Base Hospital, Toronto, in place of Lieut.-Col. T. B. Richardson, recently transferred. Lieut.-Col. C. A. Warren, Deputy Assistant Director of Medical Services, who took charge of the Hospital temporarily, returned to his administrative post at Headquarters. Col. E. B. Hardy went Overseas with the First Contingent as second in command of No. 2 Field Ambulance, and was soon afterward appointed Commanding Officer of that unit. He was with the First Contingent of the Canadian Army Medical Corps through all the battles in which the Canadians have figured on the Western Front, and was mentioned in despatches both by General French and General Haig, for distinguished service in the second battle of Ypres and on the Somme. He has been identified with the work of the Canadian Militia since 1905. He was recently invested with the Distinguished Service Order by His Majesty, and was allowed to come home on leave.

Capt. (Dr.) W. L. C. McBeth and Capt. (Dr.) J. S. MacCallum, M.C., two officers who have had extensive experience at the Front in France, have been appointed to the Military Hospital, Hamilton. Capt. McBeth has had experience in various branches of the Army Medical Corps work, having served in the trenches as Battalion Medical Officer and in Field Ambulances and Base Hospitals in France. Capt. MacCallum won the Military Cross while on duty in France.

In connection with the reorganization of the Hamilton Military Hospital Staff, the appointment was recently announced by Col. Marlow of a standing Medical Board for the examination of recruits, to be composed of Major D. J. McIlwraith, as senior officer, Capt. G. E. Greenway, and Capt. Victor Ross.

Western University Military Hospital is now stationed at Seaford, Sussex, England, where it occupies the Ravenscroft Hospital building. Several nurses and other members of the unit who have been on duty in France have returned to England and rejoined the Hospital.

Dr. C. C. Tatham has been appointed Medical Superintendent of Stratheona Hospital, Edmonton, Alta., which has been taken over by the Military Hospitals Commission. Dr. H. L. Collins has been appointed to the staff of this hospital, and other appointments will be made.

St. Lawrence College at Ramsgate has been fitted up as a Convalescent Home by the Canadian Red Cross Society. The Home will have accommodation for one thousand patients and will bear the name of Princess Patricia. It will be placed under the direction of the Canadian Medical Services when ready for occupation.

Mr. S. A. Armstrong, who has been Assistant Provincial Secretary of Ontario for the past seven years, has been appointed Director of the Canadian Military Hospitals. Mr. Armstrong will assume complete charge of the organization and supervision of the different branches of the work of these hospitals for the duration of the war.

The Canadian Red Cross has granted the sum of \$100,000 to the Laval Military Hospital (No. 8 Canadian General Hospital), which is to be stationed at Vincennes. The grant is intended for hutments for the accommodation of the Hospital, which will be situated at the opposite end of Paris to No. 6 Canadian General Hospital, which is at St. Cloud.

Selected Articles

DOCTORING—MEN AND THINGS*

CONCERNING THE WHYS AND WHEREFORES OF THE REPORT THAT
CONDEMNED COL. BRUCE'S REPORT, AND INCIDENTALLY
"WHITEWASHED" THE MEDICAL ADMINISTRATION
IN ENGLAND.

BY LACEY AMY.

ONCE more is Surgeon-General G. Carleton Jones, Director of Canadian Medical Services, denting the cushions that decorate the chairs of authority—and mitigate their responsibilities. And thereby hangs an appendage that wiggles aggressively.

When Colonel Herbert A. Bruce was selected by his late majesty, Sir Sam, to trace the odors from the medical department of the Canadian forces in England, he took reputation and military career into his hands and gambled them on the most uncertain thing in life next to the termination of the war: political permanence and Imperial co-operation. Colonel Bruce, as Special Inspector-General, and his committee, made official remarks that may have touched the boundaries in extravagance of censure. But for all-round prodigality, that climbed the fence and roamed about loose outside, living often on husks and other immaterial things, the later report of the Special Board of Enquiry appointed by Sir George Perley to see if the comment of the first Board was not a mistake, is the original Wayward Son.

The new Board was composed of some men of real reputation—how many I am not going to estimate—and so far as the Canadian portion of it goes I freely grant that it was probably as honest in its findings as the first Board, although at least one

*"Saturday Night."

member had already strongly expressed his resentment at Col. Bruce's report. The president, I am told, is a most estimable man, but, being an Englishman, I give up trying to understand him in the term of one natural life.

It required no knowledge of the rottenness of the Canadian medical system over here to conclude the perusal of the latest report with the conviction that the Board which gave it out had but two objects before its mind. Of course these two considerations had to be clothed for respectability's sake, even if the raiment was as gauzy as Little Egypt's in her most profitable days. Remember, I am stating only appearances.

First of all General Jones had to be whitewashed.

So obvious is that in every sentence, that the poor General must still be gasping for breath through the coatings. Most of us knew beforehand what he was in for—as we knew by the same tokens, long before Sir Sam let Sir Robert out of a water-filled shell-hole by that impertinent letter, that the ex-Minister of Militia was in for the slides. How?

Well, it was Sir Sam (or his appointments) who decided that the Medical Services might do without General Jones in England. But before the latter could pack his trunk for Canada someone higher than Sir Sam passed him the order to remain in London until this new Board fixed the elevator. General Jones stays—Sir Sam goes. Simple deduction!

And this new Board proved to be a body of thorough mechanics. The elevator's working fine for the D. M. S. It took three months—but General Jones had no need to worry. Appearances again, you understand.

* * *

It was hideously unfortunate for the new Board that there were certain odors distinguishable even by a glue-factory operative. Colonel Bruce had the disgusting bad judgment to find twenty-three of them; and he duly labelled and ticketed them. At the same time a Commandant of a Canadian hospital was court-martialed and dismissed. If it had not been for that, one can imagine that the new report might have confined itself to "nothing to it" and have escaped detailed criticism. But when a rat dies in the wainscotting even Christian Science can't eat comfortably in the dining-room.

The new Board smelled at the whole 'twenty-three—with the perfume of the whitewash almost overpowering—and was forced to admit that the meat might be bad but it wasn't the butcher's fault. It might be blamed on the moon, or on the fertilizer used on the field where the steer fed, or on congenital indisposition. The report says so, though it doesn't attempt to prove anything.

And it may be right. General Jones may be blameless enough to cast the first stone—but the report doth protest too much. The most amateurish detective would estimate the necessity of about 'steen more Boards of Enquiry before Canada might lie down and sleep.

Starting with the knowledge that Colonel Bruce's report was officially repudiated almost as soon as made, by the retention of General Jones in London, let's examine this new document from a London viewpoint.

(Since this was written General Jones is reported on his way back to Canada, while, on the other hand, Col. Bruce is said to have been given work at the front by the British Government.)

The very preamble exposes immediately the status of the late—and now present—D. M. S. "The Board does not hesitate," it says apologetically, "to criticize those matters wherein, in its opinion, the D. M. S. has failed, but does so with great reluctance, for it is satisfied that much of what has been accomplished has been the result of his zeal and industry." Is there not something inherently wrong with an enquiry into the merits of two opposing opinions that admits its reluctance to criticize what is wrong in one of them? The fact is that an unprejudiced reader will find not only a hesitation to criticize General Jones, but a permanent full stop. In the hour I spent on one of the first copies of the report I could find not enough criticism of him to disqualify him for Grand Chief High Roller of anything. I am of the opinion that the coating of whitewash was applied too thickly to suit even the critics of the earlier report.

But the Board had no such hesitation when it came to Col. Bruce. Of course such a whitewashing of General Jones necessitated a stove-blackening of the Colonel. And the latter afforded some opportunity by withdrawing under examination some of the extravagances of his findings. The justification of some of

the criticisms of the earlier report had to be admitted, but always with a qualification. Unfit soldiers were arriving in England, but— There is unnecessary detention in hospitals, but— Sufficient consultant surgeons are not available, but— Unmilitary surgical operations have been performed, but— And so it goes. As I failed to find more than one item where General Jones was not relieved of all blame, so I failed to discover one where Colonel Bruce was entirely right.

The report even goes so far as to criticize Colonel Bruce for "ignoring the good work done by General Jones and his staff." Nobody but a politician could assert that conditions were a "disgrace to the Canadian Medical Service," and that a reorganization "from top to bottom" was necessary, and then turn round and praise those more or less responsible for it. The latest Board had nothing good to say of the first; the first had nothing good to say of General Jones. Without taking sides, it looks like sixes.

The other object before the Board was represented by its Chairman. Everything in the first report that seemed to reflect on the Imperial service must be denied, snubbed, ridiculed, blotted from the sheet.

If anyone can present a plausible excuse for placing an investigation of a purely Canadian service in the hands of a board presided over by an Imperial officer connected with a service indirectly censured, probably Sir George Perley would like to have it to add to his battery. Of course the two services are necessarily interwoven to some extent; and Sir George's courtesy in the selection is undenied. Mamma should sit in the chair at the head of her children's tables. Up to date England is ex-officio chairman of everything Canadian on this side of the ocean. There are hopes now of a change, but it has been brought about by an English Premier, not by any Canadian authority.

Every Canadian in London, reading the personnel of the Board, knew that the Canadian portion of it would be dominated by the Imperial Surgeon-General President. It's a habit over here. I asked a medical officer who was crowing over the new report why an Imperial president had been chosen. "A neu-

tral," he explained conclusively. "Yes," I replied, "as neutral as the Kaiser on a peace commission." It was bad enough to place a Canadian investigation under an Imperial gad. It was worse when much to be investigated lapped over into the service in which the president was an officer.

I have personally experienced the manner in which England bosses the Canadians over here. I have mentioned before in *Saturday Night* a Canadian convalescent home which I knew intimately for several months. Provided for to the last cent by private Canadian funds, it was at first placed entirely under English management—a non-resident manager representing the Canadian committee, a secretary, a matron, and a matron's assistant. Don't ask me why; no Canadian there could guess it. The matron had learned to nurse before "antiseptics" was in the dictionary, and she would have muddled the organization of a chicken yard; and the assistant matron had been too busy all her life struggling for a social level to be of any use at anything. Four of the five Canadian workers (who alone had made any sacrifice in undertaking the work) were graduate nurses of full experience. Yet the five—in a Canadian home for Canadian soldiers, every cent contributed from Canada—were little better than servants to the English. While the English management dined in a luxurious room opening on the terrace, the Canadians—with the untrained assistant matron giving all the orders from the top seat—were shoved into the "still-room," a sort of brick-floored cellar with storage cupboards all about, looking out (?) through opaque windows into the back regions.

The life of the Canadian physician in military control, a man of mature years and experience, was deliberately made miserable, the matron once commanding him never to mention Canada in her presence. The climax came with the resignation of the fifth worker when the matron ventured to countermand the doctor's orders for the treatment of the wounded. Then the Canadian committee got busy, after five months of anomalous institution, and dismissed the matron and her crony.

That treatment of the Canadians—only in the matter of authority, understand—is as instinctive to the English as cricket. All through this report "British" (for that is the way the Imperial service is distinguished from the Canadian) methods are

held up as models in the most unnecessary places. The only definite accomplishment credited to General Jones is that "the good relations of the Imperial and Canadian services are largely due to the tactful performance of the many delicate duties that fell to his lot."

For the love of everything slangy, why does the Canadian D. M. S. need to be "tactful" with the Imperial service? Why are his duties so "delicate"? Is it possible to keep the Imperial service in good relations only by being tactful? One would expect that the maintenance of good relations would devolve more on the Imperial service. Who declared this war? Who is bossing it to the smallest raid? Who, according to the English version, is receiving the favor by Canadian participation? And yet the Canadian D. M. S. is to be commended for keeping England good tempered: I give it up.

Is the British medical service so admirable? What about the scores of best Canadian doctors kept kicking their heels at Shorncliffe while Canadian papers were full of the British appeal for more and more of them? What about that grandly manned Toronto University base hospital that left Toronto short of doctors that it might waste months here in London? I know the reason given for some of the delay—and it is typically English. What of some of England's best physicians at this moment serving in inferior positions while others unknown in civil life pocket the plums? Is it the British system that keeps scores of excellent physicians at the work of mere clerks, or, at most, of the youngest medical students? I will have more to say along this line.

With the English system, even on England's admission, so bound up in red tape and convention, it makes one shudder to contemplate the introduction of it into anything Canadian.

And reverence for the new report is lessened by the knowledge that most of the witnesses would be hostile to the old. Men censured are going to do their utmost to prove the censure unjustified. It makes little difference that the fault might be—and is—with the system, not with the individuals.

Hospital Items

TORONTO GENERAL HOSPITAL DEFICIT

As we already announced, the City Council of Toronto a few weeks ago decided to pay off the Toronto General Hospital deficit, amounting to \$20,786.00. The following is the Controllers' recommendation:

"In view of the abnormal conditions existing at the present time, occasioned by the war, the Board feel that the city should undertake to assume the obligation in question, and, therefore, recommend that a special grant of \$20,786.30 be voted to the trustees of the Toronto General Hospital for the above purpose, the Board being advised by Mr. P. C. Larkin, vice-chairman of the Board of Trustees, that 'unfortunately, it is impossible to get any assistance whatever from the local Government, and as for the County of York, they have positively refused to pay for the patients of their own that we have taken care of.'"

It would appear as if the City of Toronto were forced to take this step in view of the difficulty in securing any assistance from the Ontario Government or the County of York, who have every right to assist in financing such a splendid institution. Toronto has no right to be made "the goat" in such matters, and we feel that steps should be taken to force the hand of the Government and the County.

It cost \$413,541 to maintain the Toronto General Hospital for the year 1915, exclusive of interest on buildings, and the revenue was only \$392,755. The private patients' building showed a small surplus, the receipts being \$96,541, and the expenditure \$93,791.

This recommendation to wipe off the General Hospital deficit follows on the heels of the Council's action in voting \$21,000 to clear the Hospital for Sick Children of a similar incubus.

Just what the growing burden of hospital maintenance means to the city is shown by the report of Dr. Hastings,

M.O.H., and Finance Commissioner Bradshaw. They show how the per diem rate paid by the city for the care of city patients has increased from 40 cents in 1904 to the present rate of \$1. The Province pays 18 cents a day for its patients. The County of York—rich as it is—pays nothing.

Toronto paid, in 1915, over \$537,000 to the various hospitals. This year the total will be \$590,000. In 1911 this total was \$129,000, so that there is an increase in five years of about \$460,000. Adding the annual debt and maintenance charges, the total hospital bill of the city for 1916 will be over \$604,000.

The Toronto General Hospital trustees point out that their cost rate per day of \$2.17 is lower than the rate in many other large hospitals, and they give the following table:

Royal Victoria Hospital, Montreal	\$2.20
Montreal General Hospital, Montreal	2.53
Hospital for Sick Children, Toronto	2.26
Winnipeg General, Winnipeg	2.47
Johns Hopkins, Baltimore	3.41
Massachusetts General, Boston	3.31
Presbyterian Hospital, New York	3.41

Answering the city's suggestion that the rate for private patients be increased, Mr. J. W. Flavelle, chairman of the Finance Committee of the hospital, says that such a course would simply drive patients to private hospitals, and would decrease the revenue.

The city officials at first advised that the city pay half the \$20,000 deficit if the Province paid the other half, but the Controllers decided not to take such half measures. They evidently despair of Provincial aid.

The officials made these recommendations:

(1) That it is undesirable to make special grants for maintenance to hospitals, but that it is preferable to make an adequate per diem allowance, so that all hospitals shall be treated on a like basis.

(2) There is abundant evidence that hospital maintenance expense has materially increased in the last two or three years.

It appears, therefore, that there are reasonable grounds for granting hospitals an increase in per diem allowance.

(3) If it should be determined to make such increased allowance, then it would appear only proper that the Province and the County should also be contributors.

(4) We would also recommend that in view of the large number of patients maintained in the various hospitals at, for the most part, the city's expense, a supervision from time to time of the food used in these hospitals be made by the Medical Officer of Health.

NURSES GET DIPLOMAS AT THE ST. VINCENT DE PAUL HOSPITAL

A PLEASING event took place on January 25th at St. Vincent de Paul Hospital, Brockville, when diplomas and pins were presented to the graduating class of 1917, in the presence of the medical staff, visiting clergymen, and relatives of the nurses.

Very Rev. Dean Murray occupied the chair, and in presenting the diplomas congratulated the young women upon completing their three years of training, and spoke to them of the nobility of their chosen profession and the opportunities it offers to follow in the footsteps of the Divine Master, "Who went about doing good."

Dr. A. Macaulay was called upon, and in his usual happy strain offered congratulations and words of encouragement to the graduates, whom, he said, were really only entering upon their careers in the nursing world. He advised them to be studious always, ever attentive to the details taught them during their training by their careful teachers, the good Sisters, and, above all, to be cheerful at the bedside of the suffering, as the sick chamber is no place to carry gloom. He spoke of the high standing attained by this class in their written examinations, but said much more were they to be congratulated upon the ability they had shown in their everyday duties on the wards and in the operating room. He closed by saying he felt sure of their success in the future, be it in the great professional world or in the

home, where they would be better women for having spent three years in a training school.

Dr. Maloney, District Health Inspector, followed and in a short address paid a high compliment to the Sisters in their management of the institution, which, he said, considering its size, for equipment and methods could not be surpassed by any in the Province and equalled by few. He asked the graduating class to try, in their calling, to become apostles of preventive medicine, by instructing the people, whenever and wherever they could, on the value of fresh air, simple living, etc. This, he thought, was a work equal if not greater in importance than the healing of the disease.

Dr. Mitchell, of the Eastern Hospital, was well received, and he endorsed all said by the preceding speakers, and in his always affable style offered hearty congratulations to the young women and wished them God's blessing in all their work.

HOSPITAL ACCOMMODATION IN SASKATCHEWAN

DURING the past few months the Provincial Bureau of Public Health has been taking a deep interest in the matter of hospital provision for small urban centres and wide-stretching rural municipalities, and D. G. Tuckwell, formerly Mayor of Lloydminster, where the first rural municipal hospital was put into operation, has been engaged in explaining to the municipalities interested the working of the principle as embodied in the Hospital Act, passed at the last session of the Legislature.

The system provides that two or more municipalities may co-operate for the erection and maintenance of hospitals to accommodate their ratepayers during sickness. The Act allows for the imposition of a two-mill rate, but those who have given this matter their closest attention, contend that in the majority of cases not a two-mill rate, but possibly less than one mill will be sufficient to meet the requirements under normal conditions. In Lloydminster, where the system has been in operation for nearly

four years, a cent an acre under the old system of assessment was found ample for all their needs.

That the matter has aroused widespread interest is evident from the number of municipalities which have signified their intention of submitting by-laws to the ratepayers at the annual election, authorizing their councils to proceed with the appointment of Hospital Boards, and a flood of correspondence has poured into the office of the Commissioner of Public Health during the past few months, seeking information and advice upon this subject.

At such widely separated places as Assiniboia, Shaunavon, Gull Lake, Hughton, Eston, Fillmore, Wadena, Elfros, Wynyard, Saltcoats, Vonda, Prussia, Kindersley, Kerrobert, Wilkie, Biggar, Scott, Edam, Punnychy and numerous other centres, steps have already been taken for the introduction of this system, whilst at several places the necessary by-laws have already been submitted and received in every case the assent of the ratepayers.

GRADUATE NURSES MEET

At the Annual Meeting of the Toronto Graduate Nurses' Club, 295 Sherbourne Street, the following were elected officers for the ensuing year: President, Mrs. J. G. Marshall, 1498 King Street West; First Vice-President, Miss K. Matheson, Riverdale Isolation Hospital; Second Vice-President, Miss F. Potts, Hospital for Sick Children; Treasurer, Miss E. Argue, 505 Sherbourne Street; Secretary, Miss J. M. Robson, 45 Dundonald Street; Recording Secretary, Miss E. E. Stubberfield, 1 St. Thomas Street; Directors, Miss Gunn, Toronto General Hospital; Miss A. Kinder, Hospital for Sick Children; Miss F. C. Kingston, 29 Scarth Road.

This Club is the only one of its kind in the world. It is comfortably and handsomely fitted up, with commodious sitting rooms, dining rooms, and five spacious guest chambers, where nurses from out of town can stay on most moderate terms during their visits to the city. There is a well-selected nurses' library,

and all the British illustrated papers are on the table in the reading room. The entire equipment is most complete and up to date. The Club is furnished throughout in mission furniture and has a most attractive interior.

TRANSFER OF PATIENTS FROM WHITBY TO ORILLIA

ALL preparations have been made at Whitby for the removal of the patients at the Hospital for the Insane to the Orillia institution, to make room for the returned wounded soldiers who are to be taken there.

DALHOUSIE UNIVERSITY

THE Faculty of Medicine, Dalhousie University, recently established courses of instructions for fourth year students in Physical Therapeutics, or in procedures of a therapeutical nature other than those involving the use of drugs.

GIFT TO MCGILL UNIVERSITY

DR. JAMES DOUGLAS, of New York, has given \$15,000 to McGill University. It is intended that part of the gift shall be placed in an endowment fund for the publication of a series of reprints of original papers from members of the staff of the different faculties in the university. This practice was discontinued some years ago owing to lack of funds.

Dr. Philip Skrainka, of St. Louis, Mo., who has been the Editor of *The Interstate Medical Journal* for the past six years, has severed his connection with that journal. Dr. Skrainka has commenced a journal of his own, to be known as *Medicine and Surgery*, of which the February number was the first. We wish the new journal every possible success.

Book Reviews

Applied Bacteriology for Nurses. Second edition, thoroughly revised. By CHARLES F. BOLDUAN, M.D., Director Bureau of Public Health, Department of Health, City of New York, and MARIE GRUND, M.D., Bacteriologist, Research Laboratory, Department of Health, City of New York. 12-mo., 188 pages; illustrated. Philadelphia and London: W. B. Saunders Company; 1916. Cloth, \$1.50 net.

The most noticeable feature of this work is its modernity. The pupil nurses associated in the most advanced hospital with physicians of the keenest type, is furnished with a book written in a very clear, concise form, meeting them on the ground of their own simple but varied needs. There is no waste of obscure verbiage. The authors seem to grasp the fact that the attitude of the nurse to bacteriology is much like that of a salesman in a jewelry store to his goods, in sharp distinction, the one, with a physician who specializes in laboratory research, the other with the lapidary who collects gems. The nurse and the salesman may talk glibly about germs or jewels, and understand how to prevent people from taking them, and yet lead a daily life widely different in its duties from that of the men who confine their lifetime to a study of the one kind of object.

The book teaches respect for the contributive industries in the handling of animals aseptically to procure sera for inoculation, since they require quite as scientific care as human beings in this regard.

An important chapter relates to the purity of drinking-water, containing information of great value for the layman. It is to be wondered at that this knowledge is not more widely disseminated to prevent disease, instead of the usual method of waiting till someone becomes ill. Thousands of the common people have no idea of the comprehensive duties of a Board of Health. Were the contrary true, these Boards would undoubtedly be better financed and equipped.

Any book of this sort, that prepares a nurse to wait intelligently on a physician, is a good book.

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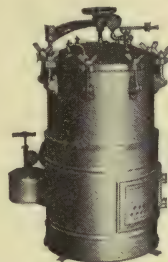
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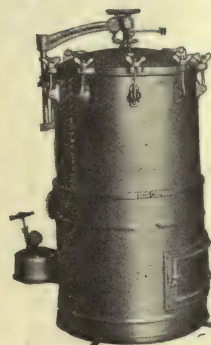
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Outlines of Nursing History. By MINNIE GOODNOW, R.N., formerly Directress of Nurses, Milwaukee County Hospital; formerly Superintendent of the Woman's Hospital, Denver, and of the Bronson Hospital, Kalamazoo. 12-mo., of 370 pages, with 88 illustrations. Philadelphia and London: W. B. Saunders Company, 1916. Cloth, \$2.00 net.

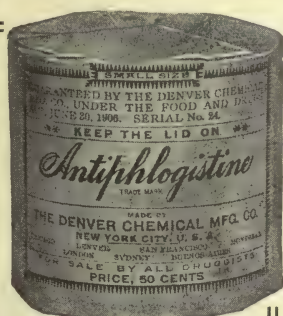
Miss Goodnow's new book is wonderful. It embraces the whole profession of nursing in a most masterly way, and weaves it into the history of the world, and into the process of evolution of the human race. It shows that the natural instinct which gives a bird power to bind a splint on its broken limb or pluck down from its breast to staunch its bleeding wound, has also, in the human race, carried the power of relieving pain to the most remote places of the earth. It shows that the profession of nursing has become part and parcel of almost every great philanthropic, scientific or financial scheme. In this calling talents of every kind may find a niche. To those nurses engrossed in some narrower aspect of their duties, this book will afford a long and pleasing vista, widening down through future years. To the layman, it will come as a startling surprise, that this occupation, so lately efflorescent, in such a manner has been deeply rooted in the nations of Western Europe for over sixteen centuries. To the pupil nurse, immersed in the starched routine of the modern ward, with its tests, blood-counts and other ultra-scientific features of our present war against disease, the rules laid down for the guidance of nurses, a few hundred years ago, will afford much cause for mirth. The handicap from which doctors and patients suffered in hospitals conducted by nuns, where priests interfered with orders, and where nuns could not partake of *all* forms of nursing, for instance, obstetrics, thus leaving the most critical cases in the hands of very ignorant servants, forms a most enlightening chapter. It should be the instantaneous decision of every nurse superintendent to include this book on the list for the pupils' individual ownership.

Mechanism of Character Formation—An Introduction to Psycho Analysis. By G. M. A. WHITE, M.D. New York: The Mac-Millan Company, 1916.

To the medical man interested in psychology and especially to the neurologist and psychiatrist, Dr. White's book will be read with intense interest. The text or kernel of the essay is the response of the individual to contact with reality. Dr. White opens with a reference to the first cry of the infant, after months of comfortable quiescence in the mother's womb, upon coming in contact with the cold world of actuality. Throughout life the two experiences come into play—the tendency to revert to the soft, comfortable luxuriousness of the pre-natal experience, and

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the projection again into the stern world of hard knocks, so necessary for the accomplishment of self-support and of any worthy accomplishment. Dr. White enters into a description of the Freudian doctrines; discusses the "Will to Power"; the subjects of extroversion and introversion, showing their bearing on sanity and insanity, respectively.

In his summary, the author says he has tried to draw a picture of man that gave him his placement in the scheme of things and did not endeavor to separate him from other living beings, nor from the forces of Nature in general; that he has tried to show that man was only one of the multitudinous manifestations of life, and even that the general laws of energy, as they apply in the inorganic world, are also applicable here; that what was really going on, was at bottom a redistribution of energy, and that at the psychological level the agent of this redistribution, the energy carrier is the symbol.

Dr. White says man is pre-eminently a social animal, and the struggle for existence and for fulfilment has become a struggle for existence at psychological and social levels. Man must be considered, then, from these standpoints to understand what is taking place; as the great artists, poets, dramatists, and novelists have always treated him. Psychologists must follow in their lead and realize that only by considering man as a whole, by studying each part only as bearing upon the problem of the whole, can the larger meanings of his activities be interpreted.

Hospital Accounting and Statistics. Third edition. Compiled and arranged by WILLIAM V. S. THORNE, Treasurer of The Presbyterian Hospital, New York City. New York: E. P. Dutton & Co.; 1916.

Charitable institutions may obtain a copy of this book free of charge by request of their proper officer, and other copies may be secured for \$1.25 from the publishers.

The method of accounting described in this book has been adopted by a large number of hospitals in America.

A description is given of the various books required by the superintendent and by the treasurer.

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It would appear to the reviewer that a system of accounting should include a record of the cost or value of all articles *used* by the various departments each month, and that a comparative per capita per day per patient found for each of the main items used, so that the superintendent may know exactly whether or not his head nurses are using more or less than what is ascertained to be an average economical scale.

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French Lick Springs

THE *European* war has made it impossible for Americans to go abroad for hydro-therapeutic treatment. In consequence the spas of this country will be patronized hereafter more than they have been before, and Americans will be happily disappointed to learn that they can receive the same kind of treatment in this country as they have been used to getting in France, Germany and Austria.

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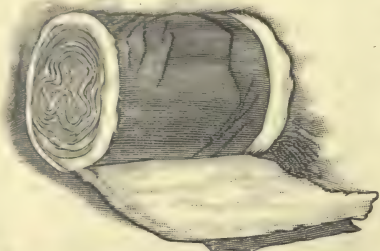
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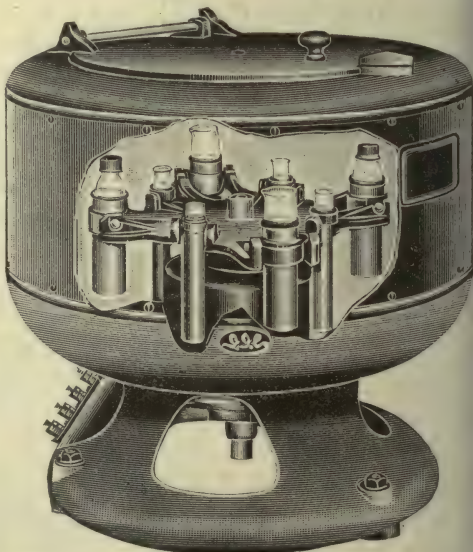
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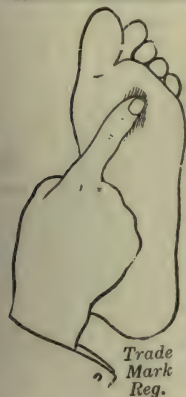
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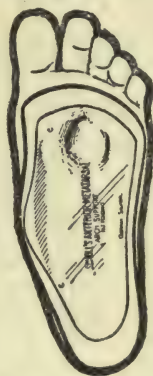
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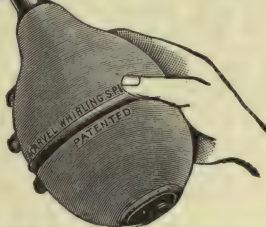
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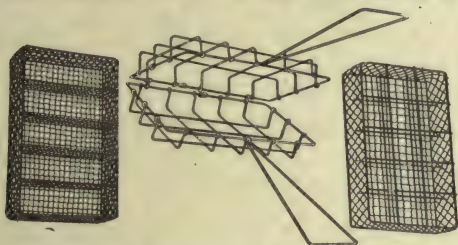
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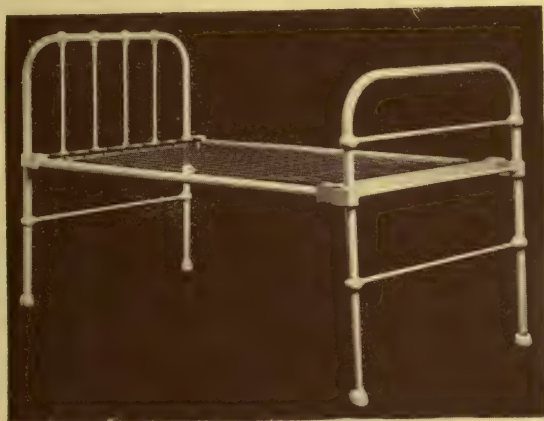


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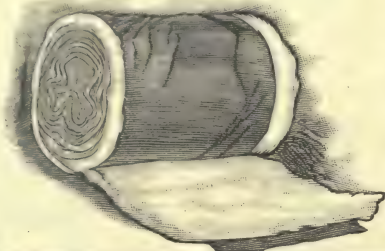
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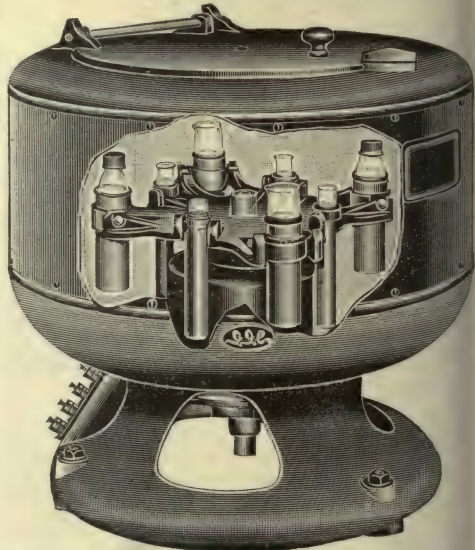
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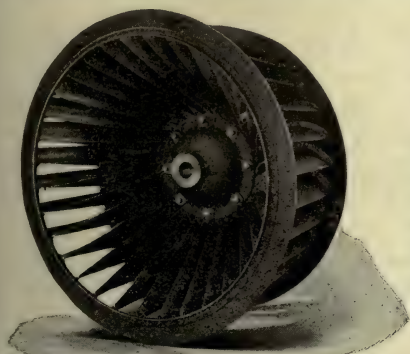
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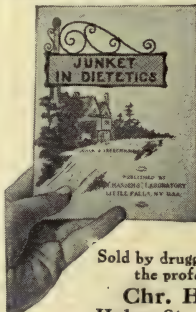
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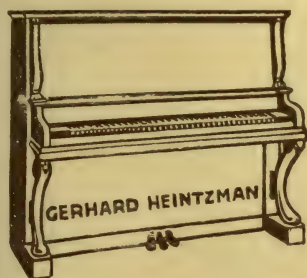
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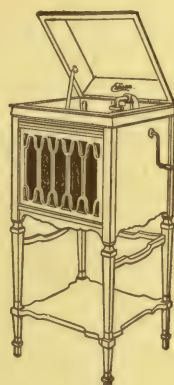
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Vol. XI (XXII) Toronto, March, 1917

No. 3

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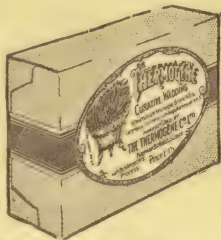
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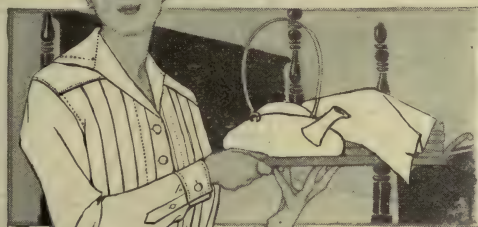
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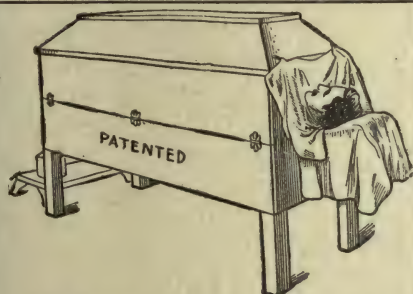
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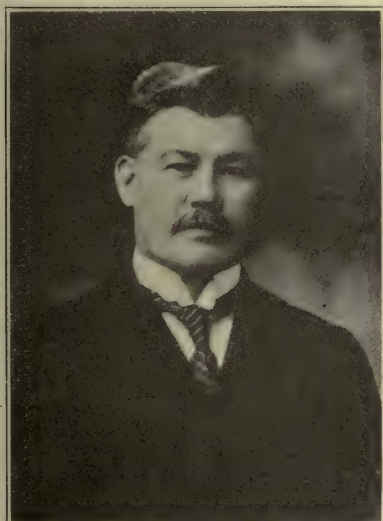
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The Hospital World

(Incorporating The Journal of Preventive Medicine and Sociology)

Toronto, Canada

A Journal published in the interests of Hospitals, Sanatoria, Asylums, and Public Charitable Institutions throughout the British Empire.

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All Communications, Correspondence, and Matter regarding Subscriptions and Advertisements TO BE ADDRESSED TO "THE HOSPITAL WORLD," 145 COLLEGE ST., TORONTO, ONT.

Reprints, including Half-tones, etc., Supplied Authors at Net Cost.

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Vol. XI.

TORONTO, MARCH, 1917

No. 3

Editorials

ALBERTA HOSPITAL LEGISLATION

ALBERTA has a more than ordinarily radical piece of legislation to consider this year in the form of a Free Hospital Bill, which aims at nothing short of the nationalization of the whole public hospital service in

the Province. A scheme to this effect has been under consideration by a number of popular organizations and citizens' committees for the past two years or more and the plan crystalized last Fall into a request of the Government to introduce Legislation accordingly. The Bill now forming one of the Government measures, to be presented to the House at its sitting this Winter, is the outcome.

The suggested plan is that the public hospitals of the Province should be put on a thoroughly democratic basis, and that the system of administration should be so changed as to provide for their entire support from public funds, leaving their services available to the people without individual fees. A direct tax on land is proposed as a means of meeting the cost of operation and maintenance, on much the same plan as that of the public school system.

In detail the new scheme will provide for the division of the Province into Hospital Districts, which are to be so arranged that Hospitals may be established within reasonable reach of all. The aim is to have at least one Hospital for every twenty-mile radius and each District will probably cover four municipalities. The Hospital Districts will be administered locally, but in strict accordance with the principle of State control and responsibility. Under the Government Board there will be Local Governing Boards which will be elected by a poll of proportional representation. These Boards will be charged with the duty of controlling and operating the local Hospitals, the Government reserving, however, the right

of supervision and general direction. Official inspection is provided for and there will be a Provincial Standard for nurses with full provision for their training.

As soon as possible after the formation of a Hospital District a referendum must be held in it and the question of constructing and maintaining a Hospital within its boundaries. The Hospitals so authorized are to be built and operated by a tax on the land and other resources such as coal and mineral deposits, and the service of the Hospitals is to be free to all residents of the district without fees.

The Alberta Legislature will presently decide whether this scheme is to be made law or not.

THE ONTARIO LEGISLATURE AND THE CARE OF MENTAL DEFECTIVES

AN influential deputation waited upon the Ontario Government on January 26th and discussed at some length the whole question of the care of mental defectives. It was pointed out to Premier Hearst that unless the problem of mental defectives be settled without delay, it will soon get beyond control. It was also pointed out that the proposal was to establish institutions of the industrial farm colony type, one for boys and one for girls, accommodating in all about five hundred pupils. The boys' buildings, as we have already stated in this Journal, will be in the neighborhood of the Industrial Farm for Men in Markham Township, and the girls on the eastern portion of the

Women's Industrial Farm. The Toronto City Council have already consented to set apart sufficient land for the purpose of these colonies and the Board of Education is willing to give \$100.00 per annum for the support and maintenance of each pupil it sent. An effort will also be made to get the Separate Schools in the Province to contribute in like manner. The deputation asked the Provincial Government for a grant of at least \$50.00 per pupil per annum.

It was stated that it was not the intention to take into the colony feeble-minded of all grades, but only the higher grades, which are at present the greatest menace to society. It appears to us to be more than wise that what are termed idiots be not taken in as patients at the farms, as it will be absolutely necessary that other provision be made for these poor individuals. It is intended that the defectives who go into the institutions shall be so trained that they can later become self-supporting. There is no doubt that quite a number of the cases so treated should ere long be able to go back into society once again, it not being the intention that the inmates of these institutions shall be kept for all time, but only till they are about twenty-one years of age, at which time they might be handed to the care of the Province. The whole question of the treatment of defectives is a very large and serious one, as, at present at least, it would appear as if it will be impossible to handle mental defectives throughout their entire life. It should not be up to the City of Toronto to take on *all* the responsibility, and we would urge the Province to at once assume their share of the burden.

COLONEL HERBERT BRUCE VINDICATED

THE following Editorial appeared in a recent issue of "Saturday Night," and as it expresses exactly our opinion, as voiced in the December number of The Journal, we reproduce it:

A little sharp and straight criticism at Ottawa pertaining to the conduct of army affairs will do no harm. Indeed, it may be the means of clearing up some matters which are extremely disquieting at the moment. For instance, everybody who is in at all close touch with matters in England knows that this so-called Baptie report which was intended to whitewash Surgeon-General Jones and cover up his deficiencies, and the deficiencies of those under him, and at the same time blacken the reputation of Col. Bruce and those with him who assisted in the investigation, is no more nor less than a specimen of dirty politics. And one may go so far as to say that no one knows this better than does Sir George Perley, who has been familiar with the question from the beginning. It matters not whether Col. Bruce is given an important appointment at the front, or whether Surgeon-General Jones gets an Irishman's rise by being shifted from one appointment to another. The fact remains that a deliberate but futile attempt was made to discredit Col. Bruce's report, and that of itself is a sufficient condemnation of the methods in vogue. As in many other departments in connection with the war, so in this, we back and fill, back and fill, but get nowhere. Does one imagine for a moment that a condemnation of Col. Bruce's report is going to clear up the situation as regards our hospitals in Europe? Is it going to clear out the doctors who go on jags in business hours? Is it going to terminate the nuisance of having small Canadian hospitals in charge of well-intentioned but ignorant English ladies of family, to the exclusion of Canadians who know their business? And, mind you, Canadians are paying for these hospitals, not the English ladies of family who are heavy on social prestige, but light on the wants of a sick soldier.

According to Sir Robert Borden's figures, given out the other day in the House, Canada has actually sent 310,000 men over-

seas. But he does not tell us how many of this number were eventually turned down in England as being medically unfit. We are creditably informed that the number is astonishingly large, running into thousands. Nor are we told how many of this 310,000 have been, and still are, occupying safety first jobs in the Canadian Records Office, and in the what not of semi-military life in London. A short time ago there were somewhere around four thousand in the Record Offices alone, whereas the same work is done for an equally large, if not larger, force contributed by Australia and New Zealand, by one-sixteenth of four thousand.

Upon the fearful waste which has been, and is still, taking place in the various arms of the service, there is no need to dwell, any more than to mention one item alone, that of medical unfits, who, through gross laxness, were allowed to enlist and go overseas. It is estimated in London by those who should know that it has cost Canada up to date no less than \$25,000,000 for the training, equipment, maintenance, transportation, etc., of our unfit soldiers.

A few examples of the gross mismanagement of the Army Medical Department in Canada should be sufficient. For instance, in one battalion of approximately 1,000 men, it was found by the medical authorities in Britain that no less than 450 were unfit for military service. Some of these men were either too old or too young, and the remainder in such a state of physical health as to render them not fit for service. So many boys, under 18 years, have been sent out from Canada, to be either kept back or discarded upon their arrival in England, that there is now actually sufficient to make up an entire battalion. The fact that incurable tubercular patients have gone from sanitariums right into military training, to later on litter up the military hospitals in England, has before been referred to in these columns. And these are not isolated instances, by any means, for incurable tubercular cases have joined the Canadian army by dozens. It is quite apparent that either from design, lack of proper instruction, or ignorance, thousands of men were passed in Canada who should never have been enlisted. In Toronto, men with serious heart affections have got by the medical examiners, and even when these examiners' attention was called to these cases by the family doctors, they refused to discharge the invalids. And this is how,

in one department alone, the people's money has been wasted by the millions.

Colonel Bruce had the courage of his convictions, and did not hesitate to express them when and where he thought necessary, notwithstanding the pressure brought to bear upon him socially and politically not to let in the light of day where it was most needed. We again congratulate Dr. Bruce upon his fearless truthfulness and now, having done all, let him stand. We earnestly trust that, notwithstanding the Baptie report, which many think contains contradictory statements, his frank criticism will result in our brave boys being better handled and speedily hastened back to convalescence.

DINNER TENDERED TO DR. H. A. BRUCE

THE Medical Profession of Toronto tendered a banquet to Dr. Bruce at the King Edward Hotel, Toronto, on February 14th. Covers were laid for 125, and every place was filled. The chair was occupied by Dr. J. A. Temple, who at the last moment took the place of Dr. A. J. Johnson, who was taken ill. The guest of the evening sat on Dr. Temple's right, some of the other guests being Sir William Mulock, Mr. Justice W. R. Riddell, Sir John Eaton and Sir Henry Pellatt. The toast to Dr. Bruce was proposed by the chairman. In replying Dr. Bruce very wisely made no reference to anything controversial, but gave a very interesting account of some of his experiences while on active service. Sir William Mulock and Mr. Justice Riddell very eloquently proposed and replied to the toast "Canada and the Empire." The whole affair was exceedingly pleasant and a fitting tribute to a member of our Profession who, we feel, has been most unjustly criticized.

War Hospitals

FINE OLD HOME PRESENTED BY THE MASSEY-HARRIS COMPANY IS ONE OF THE FINEST
CONVALESCENT HOSPITALS IN
ALL ENGLAND

BY PERCY PERCYVAL.

"KINGSWOOD Home for Canadian Soldiers is the finest convalescent home in all the British Isles," exclaimed dozens of Ontario officers and soldiers to me at that lovely old estate near the far-famed Crystal Palace.

And it's all true. The writer has journeyed pretty well over the world for many years, and it would indeed be hard to find a more lovely, quiet and restful retreat than this fine old estate, secured by the Massey-Harris Company of Toronto, and now sheltering about one hundred and ten wounded Canadians.

The view from the old battlements and roof-balcony is grand beyond compare. Delightfully located on perhaps the highest point of "Olde London-towne's" vast area, one catches a glimpse of parts of several counties. Not far away lies the greatest of cities, with its surging, hurrying throngs, yet one hears only the song of the thrush and whippoorwill in the old oaks and pines, so completely is "Kingswood" isolated by its park of over 32 acres. Nearby is the old "Queen's Hotel" at "Upper Norwood," where once the father of the present Prussian Kaiser spent some time in England, selecting it on account of its high altitude.

Yet this newly opened home is remarkably accessible, requiring only a short ride from Waterloo Station, by railway; or electric trams and the several underground tube lines and omnibus lines also bring the visitor quickly to Dulwich. These "bus" lines are now "manned" by pretty girls, for "Sister Sue" has

bravely "taken brother's place" while he goes out with the allied armies.

The firm of Massey-Harris Company, Limited, of Toronto, has secured a lease of "Kingswood" for three years, or until the conclusion of the war. It is a noble old mansion of the Elizabethan style of architecture, and stands over two hundred feet above the level of the sea.

"Come," said Superintendent W. B. Jamieson, "we will take a walk through the home." So we started, and I found that as a sanatorium or convalescent home it is peculiarly well adapted. It has been left to the discernment of colonial connoisseurs to acquire this health-giving location, and it is extremely improbable that once having "sampled" the unique adaptability of the property, they will relinquish the right to acquire permanent possession.

The original "Kingswood" was built by Mr. Thomas Tapling, M.P., a well-known city carpet merchant, and a noted philatelist. In 1890 the property was purchased by Mr. John Lawson Johnston—of Bovril fame—who, including enlargements and elaborate accessories, spent £100,000 on the estate.

On the death of Mr. Johnston the estate was disposed of to a Russian princess. Rt. Hon. D. Lloyd George, Chancellor of the Exchequer, paid on July 5, 1913, a memorable visit to "Kingswood," despite the threat of the "Suffragettes." Last year the estate was rented by Lord Tredegar, during the period of war service with the R.N.D. at the Crystal Palace.

Some notion of the capacity of the mansion, and of its suitability for the Samaritan purposes it is now being put to, may be gathered from the fact that it comprises 49 rooms, exclusive of the two entrance lodges, and coachman's, chauffeur's and gardener's cottages. The great and outer halls, with their galieried staircase, lofty beamed ceilings, and stained glass windows, are of palatial dimensions. In the beautiful drawing room is a splendid Algerian marble chimney piece, rich hand-worked plaster ceiling, and satinwood fitments. In the dining hall is a handsomely carved fireplace, and the painted panels of the ceiling represent the months and seasons. The billiard room is most luxuriously fitted with raised platforms and electric fans for carrying away the smoke. On the main corridor of the first

floor is the library, ballroom and a suite of spacious bedrooms. At the far end of this corridor is the "Culloden Room," an exact replica of Queen Mary's apartments at Holyrood Palace, the stained glass windows depicting Jacobean incidents.

During Mr. Johnston's tenure "Kingswood" contained a large number of historical articles. In one of the bedrooms is a quaint canopied bedstead from "Culloden House," said to have been used by Prince Charles Edward for three nights previous to the fateful "fight for Culloden." Mr. Johnston paid \$750 for this piece of furniture. After St. Cloud Palace was destroyed, during the Franco-Prussian War, many interesting articles associated with the royal residence were bought by Mr. Johnston from the French Government, including the famous marble fountain on the front lawn at "Kingswood"; part of a column of red marble from the Salon de Mars, and several of the fire backs in the rooms, etc.

The grounds are of singular and diversified beauty. From the battlemented tower of the so-called "Castle Ruins" a glimpse is obtainable of the browsing cattle in the park—where at one time deer were kept—the spires and gables of Dulwich College, and away in the distance the dome of St. Paul's, the campanile of Westminster, and still more distant heights of Highgate and Hampstead. Singularly picturesque are the gardens and lawns and avenues. There is an ornamental lake winding in and out of the trees and plantations, and spanned by an artistic stone-built bridge. There is a six-hole golf course (capable of being extended to nine holes), and tennis, croquet, and bowling lawns. The outbuildings are of the same complete category; stabling, coach-houses, carpenter's shop, and even a slaughter house, for at one time a model house-farm was in full swing, with accommodation for a large number of cows.

This is but a mere summarized description of the "Kingswood" domain. The gallant war-worsted warriors from the "Land of the Maple Leaf" revel in their sylvan quarters, and it is not a rash prediction to make that the dwellers in many a Canadian township and private homestead will be regaled with glowing descriptions of the beauties and comforts of "Kingswood."

Under the portico stood a Red Cross ambulance. Reaching it,

I found a brass plate on the driver's seat with this inscription: "British Red Cross Society. Presented by the Women of Calgary, Alberta," while the sides bore the legend "Canadian Red Cross Society."

At five o'clock tea was served in the large oak-panelled dining room, at which were present a fine, happy lot of Canadians, who seemed to enjoy the most daintily served tea one could imagine.

It was the day for the regular visit and inspection by Assistant Manager H. B. Robinson, who, as very many will remember, is one of the well-known ex-residents of Toronto.

In a smaller dining room at "Kingswood" a very prettily appointed tea table was set, also at five o'clock, at which the Matron, Miss Hardinge, of Toronto, presided. The other members of the party were Assistant Manager Robinson and Secretary Jamieson.

Every Friday evening an entertainment is given at this unique Toronto Soldiers' Convalescent Home and Hospital. Some fine musicians—amateurs generally—visit "Kingswood," and freely render vocal and instrumental selections. This evening there was a special concert given, and popular songs brought great applause from our soldier boys, who were massed in the great "Old Reception Hall," near the grand entrance to this old baronial hall of nearly fifty rooms. "It's a Long, Long Way From Berlin to London" is the song which captivates our Canadian soldiers. A fine solo on the "phono-fiddle," the lately patented English one-stringed violin with a horn attachment, was another pleasing innovation this evening. There were quintets, duos, and fancy dances, monologues, and a variety of attractive numbers rendered. So, you see, your boys in this home are having "the time of their lives."

Miss Carolyn Powell, of Brantford, Ont., is one of the graduate nurses from Roosevelt Hospital, New York City, now here. She is well liked by all and enjoys England and her work.

Miss Hardinge, of Toronto, is Matron at this beautiful home. She graduated at the Montreal General Hospital. Recently she was Superintendent of Nurses at St. John's Hospital, Toronto. She likes the work very much here. She praises the Canadian soldiers and considers them most obliging patients.

Miss Constance McMechan, of Toronto, is one of the graduate nurses here at "Kingswood."

Miss Muriel Wilson is also one of the very popular nurses here from Toronto.

Miss Florence Oram, who was born in Toronto, and graduated at St. Luke's Hospital, New York City, is another of the many obliging nurses here now from your city. She said to-day: "Yes, I was in the Public Health Department in Toronto for a year or two, and we arrived at Liverpool last May."

CANADIAN CAMP ON EPSOM COURSE

BY LACEY AMY.

THE pretty little English village of Epsom has always had fame thrust upon it. In this beautiful country the villages seem to be a part of a tremendous scheme of landscape gardening that makes a Canadian envious. Therefore, from its location and surroundings, Epsom could not claim a distinction that does not belong equally to hundreds of other hamlets and villages. And yet it has perhaps been the best known of them all.

One does not need to know a fetlock from a bookie to have heard of the Epsom races, no matter on which side of the ocean he may live. The traffic on the road to Epsom during the races has long been the limit of congestion conception, and it did not seem possible that even the war could interfere with such an institution. But it has. Now the huge grandstands loom up as relics of a day to which every Englishman is hoping for a speedy return. Even the incident of the suffragette who gave up her life for the perpetual fame of Epsom and other things is but a vague outline in popular memory.

But Epsom is not forgotten. To-day it is more closely associated with the spirit of the times than it ever was. As an expert in expediency it might be said to savor of political genius. In peace it revelled in the diversions of peace; in war it turns its hands to the grim realities of strife—both, one might say, the sports of kings.

For Epsom is now the location of a great military camp, whose connection with the actual struggle is more intimate than that of any other camp in England. Thousands of Canadian soldiers will return to Canada with more vivid memories of Epsom than of any other spot in England.

NO ORDINARY CAMP.

The Epsom Camp is not the ordinary military camp where raw recruits are put through their paces to the disgust of themselves and of their officers. It is a veterans' camp, the rallying point of those who have faced the Germans, retired for repairs, and are about ready to return to get even. A Canadian soldier comes to England, receives a severe drilling of some months at Shorncliffe or Bramshott, crosses the Channel, stops a German bullet with some unvital part of his anatomy, passes back through hospitals in France to hospitals in England, is shunted out to a convalescent home when his wound ceases to give trouble, and as a last stage before returning to the front he finds himself at Epsom.

Epsom is in reality a convalescent camp. You can't experience its joys and sorrows unless you have been hit by disease or by German shrapnel—you are not likely to see it without a gold stripe on your sleeve. Registering as it does the final step before the second round in the trenches, Epsom cannot be said to be popular. You are justified in coughing diplomatically when you hear of soldiers clamoring to get back at the Germans. It is more thrilling to tell and read it that way, but less reasonable. A soldier does not have to be a funkier to prefer England to the Ypres salient, for instance. He is not guilty of evading his duty because he does not look forward to a second taste of France. Therefore Epsom is not a recreational stage.

Also, take a man with several months or weeks of hospital inertia and enervation behind him and put him at physical drill that nips him in the muscles he has allowed to go flabby, or in joints stiffened by careless German shooting, and the days will probably pass with a groan, even though their duties mean health and strength and vim. And that is what Epsom does for him.

IDEAL LOCATION.

The camp is located a couple of miles from Epsom Station, within the massive stone walls of one of the golf courses of the Royal Automobile Club. The original Canadian camp, now called the Farm Camp, was pitched in a grand grove of oaks about the old farm buildings of the property. Later the Imperial Army laid their hands on nine of the twenty-seven holes of the course and established an Imperial camp. Canadians began to dominate, and at last the Imperial authorities, while retaining possession of it, placed it under Canadian officers—not without some feeling on the part of the Imperial officers I am told. Now Major Irving, a Canadian with Toronto connections, is in charge, with Captain Roy Thomas, a College Street physician, as adjutant. The capacity of the camp is four thousand, of which twenty-five hundred are Canadian, one thousand Imperial and five hundred Australian. Over these are twenty-five Canadian officers, five Imperial and two Australian.

Entering the gate in the impressive stone wall one is struck first by the unexpected neatness of things. The paved central road extends for more than half a mile, angling across the field with two right-angle turns, with the huts facing it on both sides. The three divisions of the service are distinct, the Canadians for the most part being nearest the gate, then the Imperials, and the Australians on a branch road of their own. Separating the Canadians and the Australians has been found everywhere conducive to the physical and mental well-being of both. I can give assurance of this, that the huts of the Canadians give evidence of a superior care and cleanliness of which I, as a Canadian, feel proud—although the entire camp is a model in those respects.

MANY DECORATIONS.

Before each hut stands a thirty-foot square of ground into which are crowded to overflowing the energy and ambitions of the occupants. Some have gone in for flowers and in the few months the camp has been open have produced a wonderful panorama that makes the place look like a huge market garden, an impression that is increased by the utilization of the spaces

between the huts for the growing of vegetables. Others have allowed their artistic instincts free rein for the construction of elaborate designs of mottoes, phrases and patriotic symbola, and the effect is a revel of color. These latter works of art show on a surface graded so as to slope towards the road and are built up of bits of broken colored bottles, pieces of coal for black, of brick for red, and of whitewashed stone for white.

Just within the gates "Toronto" flames at one in big letters, with sufficient other wording to prove that some patriotic Toronto battalions have limbered themselves into condition within the hut they front. Farther along a striking caricature of Satan announces a hut of "Little Black Devils" from Winnipeg. There are flags and maple leaves galore, short sentences, memorials and designs that betray residents of more than ordinary artistic ability. And all show a development of imagination and a capacity for work and devotion that give the visitor a singularly agreeable impression.

The most elaborate garden is halfway up the road. On the afternoon of my visit a half-dozen serious-looking Canadians in shirt sleeves were industriously working on it with a pile of glass and coal and brick, referring now and then to a detailed plan on a sheet of paper. During the previous night some jealous soldiers had trampled over the work of their hands, entailing another couple of back-straining days in its renewal. At the top of the grade, ranged in a curve, were the flags of the allied nations up to the time of Roumania's entry, the Union Jack being in the centre in splendid size. What troubled them now was that the addition of Roumania would throw the Union Jack out of the centre. They inquired anxiously of me if I thought it worth while waiting to see if Greece wouldn't come in to even up their design. Before the flags were the names of the Canadian Provinces with their capitals, and in the centre, on a raised plaque, the words "Our Home," and "Lest We Forget." Then came excellent designs of an Indian warrior, his squaw, a beaver and a moose; and down at the front was a list of the battles in which the Canadians have figured—Lange-marck, St. Julien, Givenchy, Festubert, Hooge, Ypres and others. Courcellette was not yet added.

LOTS OF ENTERTAINMENT.

The camp is amply provided with entertainment. There is a concert hall seating a thousand, at which are presented two cinema shows a week and a number of concerts provided by public entertainers. To meet the current expenses the soldiers are charged an entry fee of a penny and the officers sixpence. A Queen Mary Tea Room gives the soldiers opportunity for entertaining their lady friends, and off it are a billiard room and a reading room. The Y.M.C.A. also has a tea and a writing room. There are a gymnasium, a miniature rifle range and a skittle alley. The bar is beyond the control of the Canadian authorities except as to hours. These are limited to three a day, two of them in the evening.

The rear of the camp overlooks the golf links, a typical English scene of rolling downs and luxuriant trees. It provides the necessary diversion for the officers, and gives a pleasing touch of life to the surroundings. But the war has interfered sadly with the clubs of England. Although it was a Saturday afternoon there were but two parties on the links. And that night, in the fine old clubhouse, once a monastery and always the crowning point of a scene of wondrous beauty, we had the dining-room to ourselves; the sitting-room grate had to be lighted specially for us.

In the Stygian darkness of Zeppelin-menaced England we trudged to the station after nine o'clock, the blackness so intense that only an outstretched umbrella warded off the thousands of returning soldiers who knew the route by instinct rather than by sight. In a railway compartment with tight blinds we reached London, and through the uncomfortable sightless streets of the city the journey was completed. England is surely at war just now.

NO. 10 STATIONARY HOSPITAL

No. 10 Stationary Hospital, under Lieut.-Col. E. Seaborn, London, has taken charge of Canadian Military Hospital at Eastborne and the Military Hospital at Seaford.

QUEEN'S UNIVERSITY MILITARY HOSPITAL

QUEEN'S University Military Hospital (No. 7 Canadian General Hospital) left Le Treport on November 14th to take up its quarters at Etaples. This unit has now accommodation for 2,290 patients, and it has been found necessary to enlarge the staff by the addition of twenty-five nurses and a number of orderlies.

THE MILITARY HOSPITALS COMMISSION AND THE MILITIA

ARRANGEMENTS have been completed for one hundred military bed cases to be cared for at the Toronto General Hospital. There are rumors of dissatisfaction at the work of the Military Hospitals Commission in this district, and it is feared that there may be a clash between them and the militia authorities. It is stated in support of the contention of those who criticize the work of the Commission that it was established primarily to provide adequate hospital accommodation for returning convalescents, to look after vocational training of returned soldiers, and to look after repatriation and reassimilation. Recently the Hospitals Commission has been established as a separate command, and those who criticize them suggest that in the eagerness to bring this about the original duties have been neglected. "In the first place they have failed to provide adequate hospital accommodation," said one who is in close touch with the situation. "Spadina Hospital is crammed, and College Street is pretty much in the same position. For some reason, best known to themselves, they have refused to avail themselves of the opportunity to accommodate some of their patients in the military hospitals. So far as vocational training is concerned, they have been hampered by reason of some difficulties which they had with the Ontario Government, but then again, they have not the necessary accommodation to do much of the work except such as they do at the Technical School. They cannot give any vocational training at the Convalescent Homes because they have not sufficient room.

Then again, in the matter of repatriation and reassimilation, they have failed. They are not reassimilating the returned men to anything like the extent which they ought to be doing."

**COL. (DR.) E. B. HARDY, D.S.O., APPOINTED
COMMANDANT OF THE BASE HOSPITAL,
TORONTO**

IMPORTANT Staff changes affecting the Base Hospital, Toronto, and the Military Hospital, Hamilton, were announced by Col. F. W. Marlow, on January 29th. Col. E. B. Hardy, D.S.O., who has seen service on the Western Front, was appointed Commandant of the Base Hospital, Toronto, in place of Lieut.-Col. T. B. Richardson, recently transferred. Lieut.-Col. C. A. Warren, Deputy Assistant Director of Medical Services, who took charge of the Hospital temporarily, returned to his administrative post at Headquarters. Col. E. B. Hardy went Overseas with the First Contingent as second in command of No. 2 Field Ambulance, and was soon afterward appointed Commanding Officer of that unit. He was with the First Contingent of the Canadian Army Medical Corps through all the battles in which the Canadians have figured on the Western Front, and was mentioned in despatches both by General French and General Haig, for distinguished service in the second battle of Ypres and on the Somme. He has been identified with the work of the Canadian Militia since 1905. He was recently invested with the Distinguished Service Order by His Majesty, and was allowed to come home on leave.

Capt. (Dr.) W. L. C. McBeth and Capt. (Dr.) J. S. MacCallum, M.C., two officers who have had extensive experience at the Front in France, have been appointed to the Military Hospital, Hamilton. Capt. McBeth has had experience in various branches of the Army Medical Corps work, having served in the trenches as Battalion Medical Officer and in Field Ambulances and Base Hospitals in France. Capt. MacCallum won the Military Cross while on duty in France.

In connection with the reorganization of the Hamilton Military Hospital Staff, the appointment was recently announced by Col. Marlow of a standing Medical Board for the examination of recruits, to be composed of Major D. J. McIlwraith, as senior officer, Capt. G. E. Greenway, and Capt. Victor Ross.

Western University Military Hospital is now stationed at Seaford, Sussex, England, where it occupies the Ravenscroft Hospital building. Several nurses and other members of the unit who have been on duty in France have returned to England and rejoined the Hospital.

Dr. C. C. Tatham has been appointed Medical Superintendent of Strathcona Hospital, Edmonton, Alta., which has been taken over by the Military Hospitals Commission. Dr. H. L. Collins has been appointed to the staff of this hospital, and other appointments will be made.

St. Lawrence College at Ramsgate has been fitted up as a Convalescent Home by the Canadian Red Cross Society. The Home will have accommodation for one thousand patients and will bear the name of Princess Patricia. It will be placed under the direction of the Canadian Medical Services when ready for occupation.

Mr. S. A. Armstrong, who has been Assistant Provincial Secretary of Ontario for the past seven years, has been appointed Director of the Canadian Military Hospitals. Mr. Armstrong will assume complete charge of the organization and supervision of the different branches of the work of these hospitals for the duration of the war.

The Canadian Red Cross has granted the sum of \$100,000 to the Laval Military Hospital (No. 8 Canadian General Hospital), which is to be stationed at Vincennes. The grant is intended for hutments for the accommodation of the Hospital, which will be situated at the opposite end of Paris to No. 6 Canadian General Hospital, which is at St. Cloud.

Selected Articles

DOCTORING—MEN AND THINGS*

CONCERNING THE WHYS AND WHEREFORES OF THE REPORT THAT
CONDEMNED COL. BRUCE'S REPORT, AND INCIDENTALLY
"WHITEWASHED" THE MEDICAL ADMINISTRATION
IN ENGLAND.

BY LACEY AMY.

ONCE more is Surgeon-General G. Carleton Jones, Director of Canadian Medical Services, denting the cushions that decorate the chairs of authority—and mitigate their responsibilities. And thereby hangs an appendage that wiggles aggressively.

When Colonel Herbert A. Bruce was selected by his late majesty, Sir Sam, to trace the odors from the medical department of the Canadian forces in England, he took reputation and military career into his hands and gambled them on the most uncertain thing in life next to the termination of the war: political permanence and Imperial co-operation. Colonel Bruce, as Special Inspector-General, and his committee, made official remarks that may have touched the boundaries in extravagance of censure. But for all-round prodigality, that climbed the fence and roamed about loose outside, living often on husks and other immaterial things, the later report of the Special Board of Enquiry appointed by Sir George Perley to see if the comment of the first Board was not a mistake, is the original Wayward Son.

The new Board was composed of some men of real reputation—how many I am not going to estimate—and so far as the Canadian portion of it goes I freely grant that it was probably as honest in its findings as the first Board, although at least one

*"Saturday Night."

member had already strongly expressed his resentment at Col. Bruce's report. The president, I am told, is a most estimable man, but, being an Englishman, I give up trying to understand him in the term of one natural life.

It required no knowledge of the rottenness of the Canadian medical system over here to conclude the perusal of the latest report with the conviction that the Board which gave it out had but two objects before its mind. Of course these two considerations had to be clothed for respectability's sake, even if the raiment was as gauzy as Little Egypt's in her most profitable days. Remember, I am stating only appearances.

First of all General Jones had to be whitewashed.

So obvious is that in every sentence, that the poor General must still be gasping for breath through the coatings. Most of us knew beforehand what he was in for—as we knew by the same tokens, long before Sir Sam let Sir Robert out of a water-filled shell-hole by that impertinent letter, that the ex-Minister of Militia was in for the slides. How?

Well, it was Sir Sam (or his appointments) who decided that the Medical Services might do without General Jones in England. But before the latter could pack his trunk for Canada someone higher than Sir Sam passed him the order to remain in London until this new Board fixed the elevator. General Jones stays—Sir Sam goes. Simple deduction!

And this new Board proved to be a body of thorough mechanics. The elevator's working fine for the D. M. S. It took three months—but General Jones had no need to worry. Appearances again, you understand.

* * *

It was hideously unfortunate for the new Board that there were certain odors distinguishable even by a glue-factory operative. Colonel Bruce had the disgusting bad judgment to find twenty-three of them; and he duly labelled and ticketed them. At the same time a Commandant of a Canadian hospital was court-martialed and dismissed. If it had not been for that, one can imagine that the new report might have confined itself to "nothing to it" and have escaped detailed criticism. But when a rat dies in the wainscotting even Christian Science can't eat comfortably in the dining-room.

The new Board smelled at the whole twenty-three—with the perfume of the whitewash almost overpowering—and was forced to admit that the meat might be bad but it wasn't the butcher's fault. It might be blamed on the moon, or on the fertilizer used on the field where the steer fed, or on congenital indisposition. The report says so, though it doesn't attempt to prove anything.

And it may be right. General Jones may be blameless enough to cast the first stone—but the report doth protest too much. The most amateurish detective would estimate the necessity of about 'steen more Boards of Enquiry before Canada might lie down and sleep.

Starting with the knowledge that Colonel Bruce's report was officially repudiated almost as soon as made, by the retention of General Jones in London, let's examine this new document from a London viewpoint.

(Since this was written General Jones is reported on his way back to Canada, while, on the other hand, Col. Bruce is said to have been given work at the front by the British Government.)

The very preamble exposes immediately the status of the late—and now present—D. M. S. "The Board does not hesitate," it says apologetically, "to criticize those matters wherein, in its opinion, the D. M. S. has failed, but does so with great reluctance, for it is satisfied that much of what has been accomplished has been the result of his zeal and industry." Is there not something inherently wrong with an enquiry into the merits of two opposing opinions that admits its reluctance to criticize what is wrong in one of them? The fact is that an unprejudiced reader will find not only a hesitation to criticize General Jones, but a permanent full stop. In the hour I spent on one of the first copies of the report I could find not enough criticism of him to disqualify him for Grand Chief High Roller of anything. I am of the opinion that the coating of whitewash was applied too thickly to suit even the critics of the earlier report.

But the Board had no such hesitation when it came to Col. Bruce. Of course such a whitewashing of General Jones necessitated a stove-blackening of the Colonel. And the latter afforded some opportunity by withdrawing under examination some of the extravagances of his findings. The justification of some of

the criticisms of the earlier report had to be admitted, but always with a qualification. Unfit soldiers were arriving in England, but— There is unnecessary detention in hospitals, but— Sufficient consultant surgeons are not available, but— Unmilitary surgical operations have been performed, but— And so it goes. As I failed to find more than one item where General Jones was not relieved of all blame, so I failed to discover one where Colonel Bruce was entirely right.

The report even goes so far as to criticize Colonel Bruce for "ignoring the good work done by General Jones and his staff." Nobody but a politician could assert that conditions were a "disgrace to the Canadian Medical Service," and that a reorganization "from top to bottom" was necessary, and then turn round and praise those more or less responsible for it. The latest Board had nothing good to say of the first; the first had nothing good to say of General Jones. Without taking sides, it looks like sixes.

The other object before the Board was represented by its Chairman. Everything in the first report that seemed to reflect on the Imperial service must be denied, snubbed, ridiculed, blotted from the sheet.

If anyone can present a plausible excuse for placing an investigation of a purely Canadian service in the hands of a board presided over by an Imperial officer connected with a service indirectly censured, probably Sir George Perley would like to have it to add to his battery. Of course the two services are necessarily interwoven to some extent; and Sir George's courtesy in the selection is undenied. Mamma should sit in the chair at the head of her children's tables. Up to date England is ex-officio chairman of everything Canadian on this side of the ocean. There are hopes now of a change, but it has been brought about by an English Premier, not by any Canadian authority.

Every Canadian in London, reading the personnel of the Board, knew that the Canadian portion of it would be dominated by the Imperial Surgeon-General President. It's a habit over here. I asked a medical officer who was crowing over the new report why an Imperial president had been chosen. "A neu-

tral," he explained conclusively. "Yes," I replied, "as neutral as the Kaiser on a peace commission." It was bad enough to place a Canadian investigation under an Imperial gad. It was worse when much to be investigated lapped over into the service in which the president was an officer.

I have personally experienced the manner in which England bosses the Canadians over here. I have mentioned before in *Saturday Night* a Canadian convalescent home which I knew intimately for several months. Provided for to the last cent by private Canadian funds, it was at first placed entirely under English management—a non-resident manager representing the Canadian committee, a secretary, a matron, and a matron's assistant. Don't ask me why; no Canadian there could guess it. The matron had learned to nurse before "antiseptics" was in the dictionary, and she would have muddled the organization of a chicken yard; and the assistant matron had been too busy all her life struggling for a social level to be of any use at anything. Four of the five Canadian workers (who alone had made any sacrifice in undertaking the work) were graduate nurses of full experience. Yet the five—in a Canadian home for Canadian soldiers, every cent contributed from Canada—were little better than servants to the English. While the English management dined in a luxurious room opening on the terrace, the Canadians—with the untrained assistant matron giving all the orders from the top seat—were shoved into the "still-room," a sort of brick-floored cellar with storage cupboards all about, looking out (?) through opaque windows into the back regions.

The life of the Canadian physician in military control, a man of mature years and experience, was deliberately made miserable, the matron once commanding him never to mention Canada in her presence. The climax came with the resignation of the fifth worker when the matron ventured to countermand the doctor's orders for the treatment of the wounded. Then the Canadian committee got busy, after five months of anomalous institution, and dismissed the matron and her crony.

That treatment of the Canadians—only in the matter of authority, understand—is as instinctive to the English as cricket. All through this report "British" (for that is the way the Imperial service is distinguished from the Canadian) methods are

held up as models in the most unnecessary places. The only definite accomplishment credited to General Jones is that "the good relations of the Imperial and Canadian services are largely due to the tactful performance of the many delicate duties that fell to his lot."

For the love of everything slangy, why does the Canadian D. M. S. need to be "tactful" with the Imperial service? Why are his duties so "delicate"? Is it possible to keep the Imperial service in good relations only by being tactful? One would expect that the maintenance of good relations would devolve more on the Imperial service. Who declared this war? Who is bossing it to the smallest raid? Who, according to the English version, is receiving the favor by Canadian participation? And yet the Canadian D. M. S. is to be commended for keeping England good tempered: I give it up.

Is the British medical service so admirable? What about the scores of best Canadian doctors kept kicking their heels at Shorncliffe while Canadian papers were full of the British appeal for more and more of them? What about that grandly manned Toronto University base hospital that left Toronto short of doctors that it might waste months here in London? I know the reason given for some of the delay—and it is typically English. What of some of England's best physicians at this moment serving in inferior positions while others unknown in civil life pocket the plums? Is it the British system that keeps scores of excellent physicians at the work of mere clerks, or, at most, of the youngest medical students? I will have more to say along this line.

With the English system, even on England's admission, so bound up in red tape and convention, it makes one shudder to contemplate the introduction of it into anything Canadian.

And reverence for the new report is lessened by the knowledge that most of the witnesses would be hostile to the old. Men censured are going to do their utmost to prove the censure unjustified. It makes little difference that the fault might be—and is—with the system, not with the individuals.

Hospital Items

TORONTO GENERAL HOSPITAL DEFICIT

As we already announced, the City Council of Toronto a few weeks ago decided to pay off the Toronto General Hospital deficit, amounting to \$20,786.00. The following is the Controllers' recommendation:

"In view of the abnormal conditions existing at the present time, occasioned by the war, the Board feel that the city should undertake to assume the obligation in question, and, therefore, recommend that a special grant of \$20,786.30 be voted to the trustees of the Toronto General Hospital for the above purpose, the Board being advised by Mr. P. C. Larkin, vice-chairman of the Board of Trustees, that 'unfortunately, it is impossible to get any assistance whatever from the local Government, and as for the County of York, they have positively refused to pay for the patients of their own that we have taken care of.'"

It would appear as if the City of Toronto were forced to take this step in view of the difficulty in securing any assistance from the Ontario Government or the County of York, who have every right to assist in financing such a splendid institution. Toronto has no right to be made "the goat" in such matters, and we feel that steps should be taken to force the hand of the Government and the County.

It cost \$413,541 to maintain the Toronto General Hospital for the year 1915, exclusive of interest on buildings, and the revenue was only \$392,755. The private patients' building showed a small surplus, the receipts being \$96,541, and the expenditure \$93,791.

This recommendation to wipe off the General Hospital deficit follows on the heels of the Council's action in voting \$21,000 to clear the Hospital for Sick Children of a similar incubus.

Just what the growing burden of hospital maintenance means to the city is shown by the report of Dr. Hastings,

M.O.H., and Finance Commissioner Bradshaw. They show how the per diem rate paid by the city for the care of city patients has increased from 40 cents in 1904 to the present rate of \$1. The Province pays 18 cents a day for its patients. The County of York—rich as it is—pays nothing.

Toronto paid, in 1915, over \$537,000 to the various hospitals. This year the total will be \$590,000. In 1911 this total was \$129,000, so that there is an increase in five years of about \$460,000. Adding the annual debt and maintenance charges, the total hospital bill of the city for 1916 will be over \$604,000.

The Toronto General Hospital trustees point out that their cost rate per day of \$2.17 is lower than the rate in many other large hospitals, and they give the following table:

Royal Victoria Hospital, Montreal	\$2.20
Montreal General Hospital, Montreal	2.53
Hospital for Sick Children, Toronto	2.26
Winnipeg General, Winnipeg	2.47
Johns Hopkins, Baltimore	3.41
Massachusetts General, Boston	3.31
Presbyterian Hospital, New York	3.41

Answering the city's suggestion that the rate for private patients be increased, Mr. J. W. Flavelle, chairman of the Finance Committee of the hospital, says that such a course would simply drive patients to private hospitals, and would decrease the revenue.

The city officials at first advised that the city pay half the \$20,000 deficit if the Province paid the other half, but the Controllers decided not to take such half measures. They evidently despair of Provincial aid.

The officials made these recommendations:

(1) That it is undesirable to make special grants for maintenance to hospitals, but that it is preferable to make an adequate per diem allowance, so that all hospitals shall be treated on a like basis.

(2) There is abundant evidence that hospital maintenance expense has materially increased in the last two or three years.

It appears, therefore, that there are reasonable grounds for granting hospitals an increase in per diem allowance.

(3) If it should be determined to make such increased allowance, then it would appear only proper that the Province and the County should also be contributors.

(4) We would also recommend that in view of the large number of patients maintained in the various hospitals at, for the most part, the city's expense, a supervision from time to time of the food used in these hospitals be made by the Medical Officer of Health.

NURSES GET DIPLOMAS AT THE ST. VINCENT DE PAUL HOSPITAL

A PLEASING event took place on January 25th at St. Vincent de Paul Hospital, Brockville, when diplomas and pins were presented to the graduating class of 1917, in the presence of the medical staff, visiting clergymen, and relatives of the nurses.

Very Rev. Dean Murray occupied the chair, and in presenting the diplomas congratulated the young women upon completing their three years of training, and spoke to them of the nobility of their chosen profession and the opportunities it offers to follow in the footsteps of the Divine Master, "Who went about doing good."

Dr. A. Macaulay was called upon, and in his usual happy strain offered congratulations and words of encouragement to the graduates, whom, he said, were really only entering upon their careers in the nursing world. He advised them to be studious always, ever attentive to the details taught them during their training by their careful teachers, the good Sisters, and, above all, to be cheerful at the bedside of the suffering, as the sick chamber is no place to carry gloom. He spoke of the high standing attained by this class in their written examinations, but said much more were they to be congratulated upon the ability they had shown in their everyday duties on the wards and in the operating room. He closed by saying he felt sure of their success in the future, be it in the great professional world or in the

home, where they would be better women for having spent three years in a training school.

Dr. Maloney, District Health Inspector, followed and in a short address paid a high compliment to the Sisters in their management of the institution, which, he said, considering its size, for equipment and methods could not be surpassed by any in the Province and equalled by few. He asked the graduating class to try, in their calling, to become apostles of preventive medicine, by instructing the people, whenever and wherever they could, on the value of fresh air, simple living, etc. This, he thought, was a work equal if not greater in importance than the healing of the disease.

Dr. Mitchell, of the Eastern Hospital, was well received, and he endorsed all said by the preceding speakers, and in his always affable style offered hearty congratulations to the young women and wished them God's blessing in all their work.

HOSPITAL ACCOMMODATION IN SASKATCHEWAN

DURING the past few months the Provincial Bureau of Public Health has been taking a deep interest in the matter of hospital provision for small urban centres and wide-stretching rural municipalities, and D. G. Tuckwell, formerly Mayor of Lloydminster, where the first rural municipal hospital was put into operation, has been engaged in explaining to the municipalities interested the working of the principle as embodied in the Hospital Act, passed at the last session of the Legislature.

The system provides that two or more municipalities may co-operate for the erection and maintenance of hospitals to accommodate their ratepayers during sickness. The Act allows for the imposition of a two-mill rate, but those who have given this matter their closest attention, contend that in the majority of cases not a two-mill rate, but possibly less than one mill will be sufficient to meet the requirements under normal conditions. In Lloydminster, where the system has been in operation for nearly

four years, a cent an acre under the old system of assessment was found ample for all their needs.

That the matter has aroused widespread interest is evident from the number of municipalities which have signified their intention of submitting by-laws to the ratepayers at the annual election, authorizing their councils to proceed with the appointment of Hospital Boards, and a flood of correspondence has poured into the office of the Commissioner of Public Health during the past few months, seeking information and advice upon this subject.

At such widely separated places as Assiniboia, Shaunavon, Gull Lake, Hughton, Eston, Fillmore, Wadena, Elfros, Wynyard, Saltecoats, Vonda, Prussia, Kindersley, Kerrobert, Wilkie, Biggar, Scott, Edam, Punniichy and numerous other centres, steps have already been taken for the introduction of this system, whilst at several places the necessary by-laws have already been submitted and received in every case the assent of the ratepayers.

GRADUATE NURSES MEET

At the Annual Meeting of the Toronto Graduate Nurses' Club, 295 Sherbourne Street, the following were elected officers for the ensuing year: President, Mrs. J. G. Marshall, 1498 King Street West; First Vice-President, Miss K. Matheson, Riverdale Isolation Hospital; Second Vice-President, Miss F. Potts, Hospital for Sick Children; Treasurer, Miss E. Argue, 505 Sherbourne Street; Secretary, Miss J. M. Robson, 45 Dundonald Street; Recording Secretary, Miss E. E. Stubberfield, 1 St. Thomas Street; Directors, Miss Gunn, Toronto General Hospital; Miss A. Kinder, Hospital for Sick Children; Miss F. C. Kingston, 29 Scarth Road.

This Club is the only one of its kind in the world. It is comfortably and handsomely fitted up, with commodious sitting rooms, dining rooms, and five spacious guest chambers, where nurses from out of town can stay on most moderate terms during their visits to the city. There is a well-selected nurses' library,

and all the British illustrated papers are on the table in the reading room. The entire equipment is most complete and up to date. The Club is furnished throughout in mission furniture and has a most attractive interior.

TRANSFER OF PATIENTS FROM WHITBY TO ORILLIA

ALL preparations have been made at Whitby for the removal of the patients at the Hospital for the Insane to the Orillia institution, to make room for the returned wounded soldiers who are to be taken there.

DALHOUSIE UNIVERSITY

THE Faculty of Medicine, Dalhousie University, recently established courses of instructions for fourth year students in Physical Therapeutics, or in procedures of a therapeutical nature other than those involving the use of drugs.

GIFT TO MCGILL UNIVERSITY

DR. JAMES DOUGLAS, of New York, has given \$15,000 to McGill University. It is intended that part of the gift shall be placed in an endowment fund for the publication of a series of reprints of original papers from members of the staff of the different faculties in the university. This practice was discontinued some years ago owing to lack of funds.

Dr. Philip Skrainka, of St. Louis, Mo., who has been the Editor of *The Interstate Medical Journal* for the past six years, has severed his connection with that journal. Dr. Skrainka has commenced a journal of his own, to be known as *Medicine and Surgery*, of which the February number was the first. We wish the new journal every possible success.

Book Reviews

Applied Bacteriology for Nurses. Second edition, thoroughly revised. By CHARLES F. BOLDUAN, M.D., Director Bureau of Public Health, Department of Health, City of New York, and MARIE GRUND, M.D., Bacteriologist, Research Laboratory, Department of Health, City of New York. 12-mo., 188 pages; illustrated. Philadelphia and London: W. B. Saunders Company; 1916. Cloth, \$1.50 net.

The most noticeable feature of this work is its modernity. The pupil nurses associated in the most advanced hospital with physicians of the keenest type, is furnished with a book written in a very clear, concise form, meeting them on the ground of their own simple but varied needs. There is no waste of obscure verbiage. The authors seem to grasp the fact that the attitude of the nurse to bacteriology is much like that of a salesman in a jewelry store to his goods, in sharp distinction, the one, with a physician who specializes in laboratory research, the other with the lapidary who collects gems. The nurse and the salesman may talk glibly about germs or jewels, and understand how to prevent people from taking them, and yet lead a daily life widely different in its duties from that of the men who confine their lifetime to a study of the one kind of object.

The book teaches respect for the contributive industries in the handling of animals aseptically to procure sera for inoculation, since they require quite as scientific care as human beings in this regard.

An important chapter relates to the purity of drinking-water, containing information of great value for the layman. It is to be wondered at that this knowledge is not more widely disseminated to prevent disease, instead of the usual method of waiting till someone becomes ill. Thousands of the common people have no idea of the comprehensive duties of a Board of Health. Were the contrary true, these Boards would undoubtedly be better financed and equipped.

Any book of this sort, that prepares a nurse to wait intelligently on a physician, is a good book.

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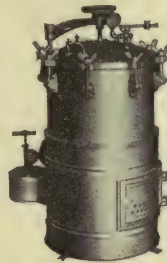
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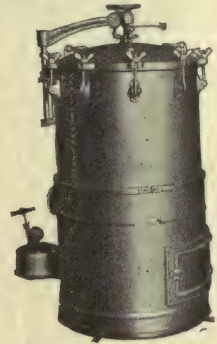
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Outlines of Nursing History. By MINNIE GOODNOW, R.N., formerly Directress of Nurses, Milwaukee County Hospital; formerly Superintendent of the Woman's Hospital, Denver, and of the Bronson Hospital, Kalamazoo. 12-mo., of 370 pages, with 88 illustrations. Philadelphia and London: W. B. Saunders Company, 1916. Cloth, \$2.00 net.

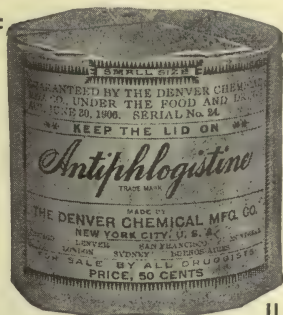
Miss Goodnow's new book is wonderful. It embraces the whole profession of nursing in a most masterly way, and weaves it into the history of the world, and into the process of evolution of the human race. It shows that the natural instinct which gives a bird power to bind a splint on its broken limb or pluck down from its breast to staunch its bleeding wound, has also, in the human race, carried the power of relieving pain to the most remote places of the earth. It shows that the profession of nursing has become part and parcel of almost every great philanthropic, scientific or financial scheme. In this calling talents of every kind may find a niche. To those nurses engrossed in some narrower aspect of their duties, this book will afford a long and pleasing vista, widening down through future years. To the layman, it will come as a startling surprise, that this occupation, so lately efflorescent, in such a manner has been deeply rooted in the nations of Western Europe for over sixteen centuries. To the pupil nurse, immersed in the starched routine of the modern ward, with its tests, blood-counts and other ultra-scientific features of our present war against disease, the rules laid down for the guidance of nurses, a few hundred years ago, will afford much cause for mirth. The handicap from which doctors and patients suffered in hospitals conducted by nuns, where priests interfered with orders, and where nuns could not partake of *all* forms of nursing, for instance, obstetrics, thus leaving the most critical cases in the hands of very ignorant servants, forms a most enlightening chapter. It should be the instantaneous decision of every nurse superintendent to include this book on the list for the pupils' individual ownership.

Mechanism of Character Formation—An Introduction to Psycho Analysis. By G. M. A. WHITE, M.D. New York: The Macmillan Company, 1916.

To the medical man interested in psychology and especially to the neurologist and psychiatrist, Dr. White's book will be read with intense interest. The text or kernel of the essay is the response of the individual to contact with reality. Dr. White opens with a reference to the first cry of the infant, after months of comfortable quiescence in the mother's womb, upon coming in contact with the cold world of actuality. Throughout life the two experiences come into play—the tendency to revert to the soft, comfortable luxuriousness of the pre-natal experience, and

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the projection again into the stern world of hard knocks, so necessary for the accomplishment of self-support and of any worthy accomplishment. Dr. White enters into a description of the Freudian doctrines; discusses the "Will to Power"; the subjects of extroversion and introversion, showing their bearing on sanity and insanity, respectively.

In his summary, the author says he has tried to draw a picture of man that gave him his placement in the scheme of things and did not endeavor to separate him from other living beings, nor from the forces of Nature in general; that he has tried to show that man was only one of the multitudinous manifestations of life, and even that the general laws of energy, as they apply in the inorganic world, are also applicable here; that what was really going on, was at bottom a redistribution of energy, and that at the psychological level the agent of this redistribution, the energy carrier is the symbol.

Dr. White says man is pre-eminently a social animal, and the struggle for existence and for fulfilment has become a struggle for existence at psychological and social levels. Man must be considered, then, from these standpoints to understand what is taking place; as the great artists, poets, dramatists, and novelists have always treated him. Psychologists must follow in their lead and realize that only by considering man as a whole, by studying each part only as bearing upon the problem of the whole, can the larger meanings of his activities be interpreted.

Hospital Accounting and Statistics. Third edition. Compiled and arranged by WILLIAM V. S. THORNE, Treasurer of The Presbyterian Hospital, New York City. New York: E. P. Dutton & Co.; 1916.

Charitable institutions may obtain a copy of this book free of charge by request of their proper officer, and other copies may be secured for \$1.25 from the publishers.

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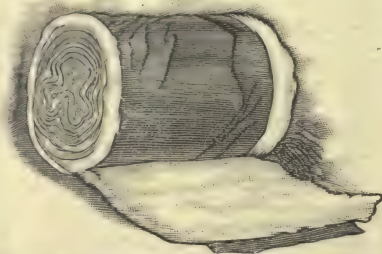
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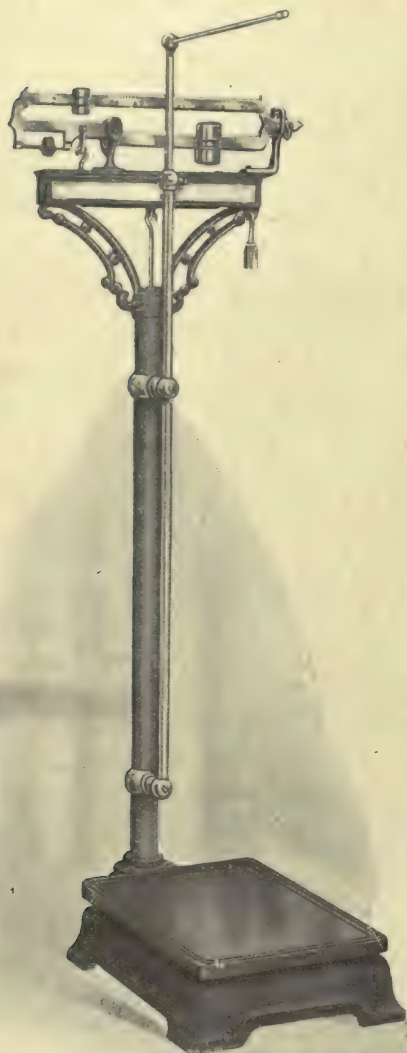
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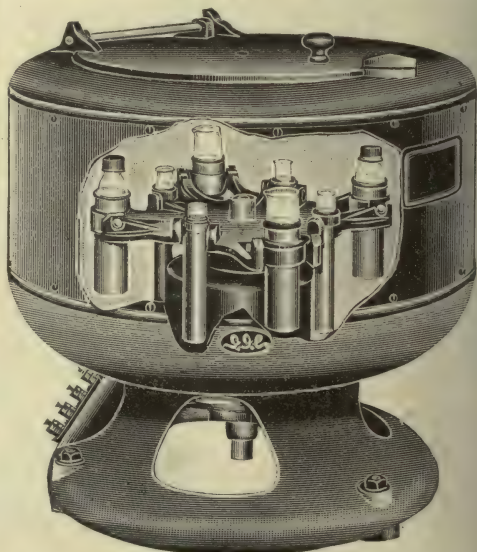
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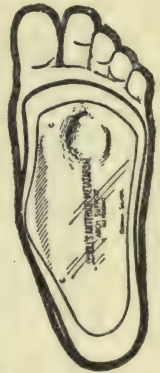
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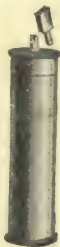
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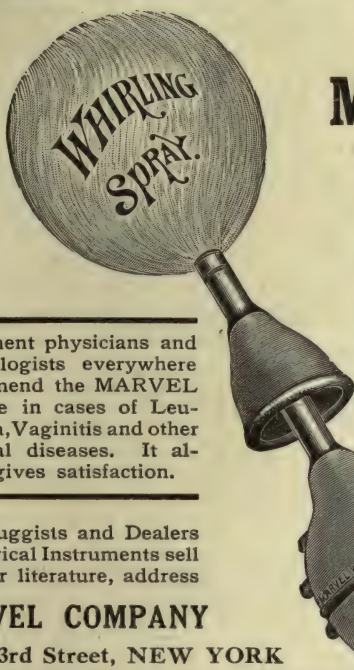
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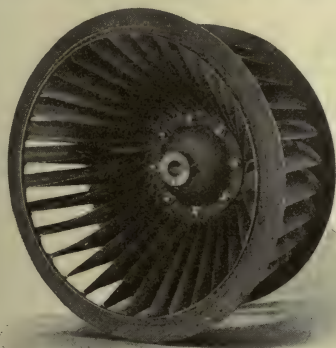
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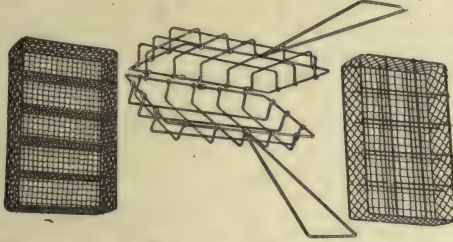
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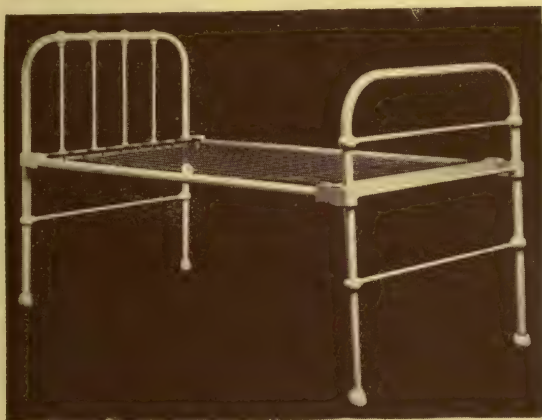


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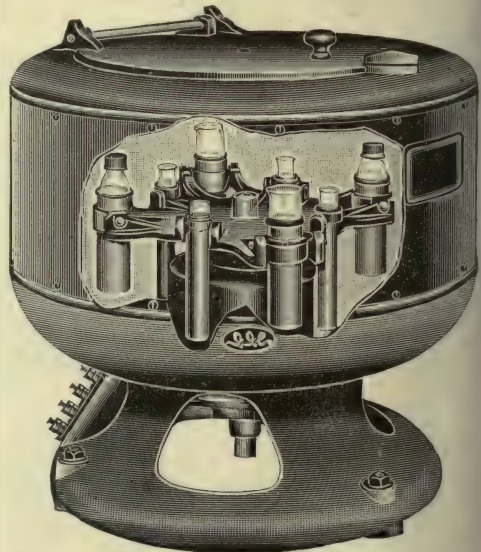
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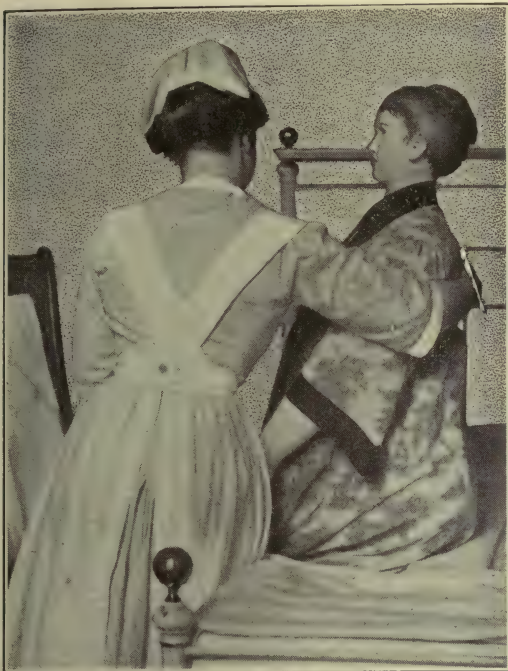
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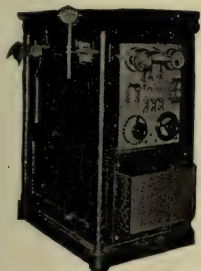
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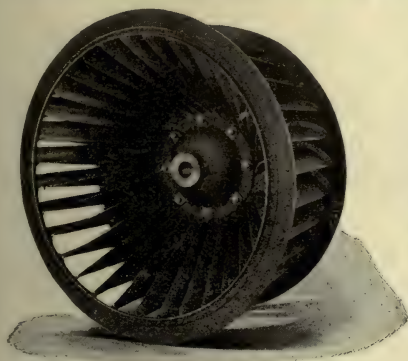
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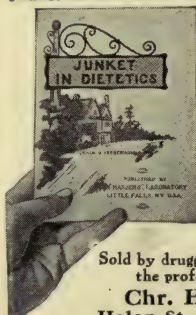
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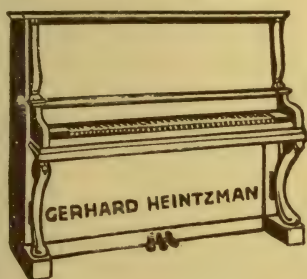
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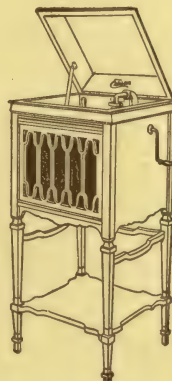
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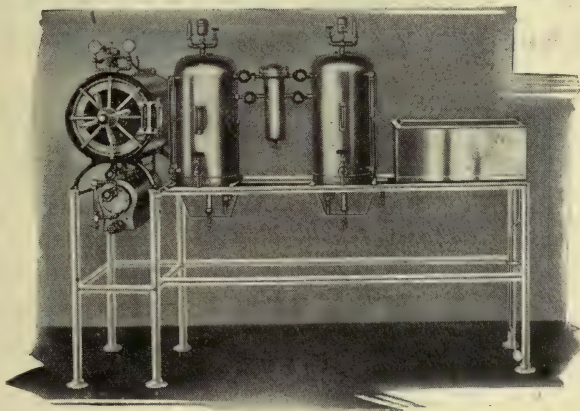
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 Some said: "Lower the quality." Some said:
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KATE MATHIESON, *Supt. of Nurses.*

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All Communications, Correspondence, and Matter regarding Subscriptions and Advertisements TO BE ADDRESSED TO "THE HOSPITAL WORLD," 145 COLLEGE ST., TORONTO, ONT.

Reprints, including Half-tones, etc., Supplied Authors at Net Cost.

Vol. XI.

TORONTO, APRIL, 1917

No. 4

Editorials

A FURTHER ADVANCE

IT IS about three years since this journal drew the attention of its readers to a remarkable social experiment undertaken in Boston in the appointment of a medical officer on the staff of the Boston Municipal Court, whose work it would be to make special studies

of offenders referred to him by the judges and probation officers."

Very little has appeared in the press concerning this departure because it was altogether experimental, and results only would prove justification of its continuance.

It is good to know that after three years of unobtrusive work the innovation has amply justified itself, and some weeks ago the Boston City Council passed an appropriation of six thousand dollars for the maintenance of what has become a recognized part of the Court work, under the title, "Department of Medical Service, Criminal Branch, Municipal Court."

Dr. V. V. Anderson, the appointee, is both physician and psychologist, whose findings, after three years' service, have made evident to the Boston civic authorities the broad and varied knowledge required in dealing with criminal offenders.

Only a small percentage of the persons passing through the criminal sessions of so large a city could possibly come under one physician's inspection. In fact, less than one per cent. of those brought into court have been examined by him—representing those cases concerning which the Court felt that it needed the report of a medical and mental expert to guide it in handling them.

This one per cent., however, reveals some striking features. About twenty-five per cent. were feeble-minded; nearly twenty per cent. belonged to the neurotic class. About nine per cent. were clearly

insane. About forty each out of a thousand were epileptic and alcoholic; while about fifteen per cent. are recorded as having "no disease or defect, but with strong criminal tendencies."

The latter class, together with the ten per cent. normal, make over fifteen per cent. of what might be termed "unexplained" criminals from a medical standpoint. But the most striking point of Dr. Anderson's summary is that he endeavors to explain this deliberately criminal class.

Briefly, he holds that these criminal tendencies are not innate but acquired, partly by lack of discipline and teaching required for the establishing of proper standards and habits at the proper stage of their development, and partly by influence brought to bear in the individual.

This, it may be noted, is only an elaboration of that wise old saying, "Train up a child in the way he should go, and when he is old he will not depart from it."

Dr. Anderson, however, has to deal chiefly with the habitual offenders, the men or women who are mentally unfit to appreciate their obligations—that great, depressing class of the feeble-minded concerning whom he sounds a note to which our existing social order must hearken sooner or later:

"There is a time when a chance exists in each and every individual for some advance along the lines of proper habitual training. But if this time passes, the mental arrest has become so firmly fixed that all possible chance for improvement is entirely lost."

Original Contributions

LITTLE JOURNEYS

BY JOHN N. E. BROWN, SUPERINTENDENT.

THE HENRY FORD HOSPITAL

SITE.

THE site comprises 20 acres, which were purchased in 1909 for \$90,000. The original plan provided for the pavilion type of construction, in order that the patients of various classes might be properly segregated. The founders had in mind the construction of a hospital to care for all sorts of diseases, including tubercular and contagious. Plenty of room was to be left, after the initial buildings were completed, for subsequent expansion. Plans for the hospital were formulated after a study had been made by a committee consisting of the architect and several medical men of all the leading hospitals in America and Europe. The first plan contemplated the construction of low pavilions, surrounded by open spaces, which would be filled with trees and flowers. The aim was to admit as much sunlight and fresh air into the wards and around the buildings as possible.

BUILDINGS.

There are already constructed three fundamental buildings—the Service Building, the Laboratory and Operating Building and one building for patients. The three first-named buildings are large enough to provide for the care of many hundreds of patients.

The Service Building contains the kitchens, storerooms, laundry, disinfection plant, engines, boilers, refrigerators, hot water heaters, filters, and compressed-air machines. In the second storey of this building are the resident doctors' quarters. There is room in the two upper stories of this building to house one hundred or more employees.

The Laboratory Building contains several small laboratory and research rooms, temporary medical offices, the X-ray department, the pharmacy, the morgue, and autopsy room. The basement is mainly devoted to storage.

OPERATION BUILDING.

The Operation Building contains five operating suites, each suite consisting of three rooms—the operating room proper, the anesthetic room, and the surgeons' scrub-up. One of the suites is considerably larger than the others and contains an amphitheatre which will seat fifty students. The walls of three of the operating rooms are covered with moss-green tiles—very pleasing to the eye. The walls of the fourth room are gray, and the walls of the fifth—the dark room—are black. There are two general sterilizing rooms in which all the sterilizing is done, except that of the water. The water is sterilized in two large, unpolished boilers in the attic of the building. The water is piped down to the several operating rooms and to the nurses' scrub-up. At the outlet of the pipes there is a small device which is attached to the end of the faucets. As often as necessary the engineers pass steam through all the pipes connecting the two boilers in the attic with the outlets, thus completely sterilizing them. The lavatory valves are of the elbow type. The liquid soap containers are above the lavatories and flush with the wall, the soap being relieved by pressure of the knee on a small button below the lavatory bowl.

The daylight is transmitted to each operating room through very large windows situated in the north walls and in the roof. The operating rooms have glass ceilings, between which and the glass roof are powerful nitrogen lamps for the artificial lighting of the operating rooms below.

CORRIDORS AND TUNNELS.

Connecting several of the buildings are tunnels, partly underground, in which run the various pipes and conduits—hot and cold water, sewage, electrical, gas, compressed air, etc. The food is conveyed from the general kitchen through them to the wards. Servants also use them, and the remains of patients who die are taken to the morgue through them.

Above the main tunnel is a closed-in corridor. One end of it is used temporarily as the Admitting Department, and in it are placed palms and shrubs, which create a pleasant impression on the visitor. The other end is treated in the same way and is used as a room for medical patients who are waiting to see the physician-in-chief. Through this corridor nurses and doctors and visitors and patients pass. It is extremely well lighted, the sides being almost all of glass. The inner walls are unplastered, being of plain brick. The top of the tunnel is covered with red verandah tile and affords a splendid place for patients who require fresh air and plenty of sunshine. This corridor connects with a large roof space over the Operating Building. On these areas, and on the private balconies, there is accommodation for all the patients.

VENTILATION.

The rooms of the Private Patient Building are ventilated by natural means—windows, doors, and transoms. The kitchens, utility rooms, and toilet rooms, however, are connected with an exhaust fan at the top of the building, which draws off the vitiated air. The Operating Building is supplied with washed, warmed air which is pumped into the building and drawn off by exhaust fans. The connecting corridor is heated and ventilated on the plenum system. The Laboratory has an exhaust fan at the top of the building, but there is no mechanical apparatus for the intake of fresh air into this building.

HEATING.

The Hospital is heated by hot water. Wherever there was room, radiators were used with sections on 4-inch centres, making it possible to ascertain easily whether the intersectional spaces are clean or not, and allowing plenty of room for cleaning out by means of either a brush or by the use of a cloth duster held in the hand.

UTILITY ROOMS.

On each floor of the Private Patient Building are two utility rooms, one for the use of the patients in one end, and the other for the use of the patients in the other end of the

building. The smaller one contains a refrigerator for urinary and other pathological specimens, which may be required to be kept for several hours, even up to twenty-four hours, before sending to the laboratory. The cold insures inhibition of bacteriological change until the specimen is sent over to the laboratory. In the smaller rooms are also found incinerators. These are built in the wall. Thus built they do not throw as much heat out into the room as those incinerators do which stand in the room itself. In the latter case when the refuse is being burned the room is altogether too hot for nurses to work in.

DIET KITCHENS OR DISTRIBUTING KITCHENS.

These kitchens contain a small table, which is placed in the centre of the room. It contains, in addition to the usual openings in the top for the various containers, a cabinet below with shelves, which is used as a dish-warmer. On the wall on one side of the table is a food lift, a vitrolite shelf cupboard for food trays and an open cupboard placed sideways for hot and the more unsightly utensils. On this wall is also a bulletin board on which are nailed the diet lists. On the outside wall is a china cupboard built in. In front of the large window on this same wall, is a work-table, metallic, with drawers. On the third side is a sink and electric stove and an ample refrigerator. In this refrigerator is a coil containing running water which is connected with the bubbling fountain on the corridor just outside. The food is brought from the main kitchen in heavy enamelled iron containers, each weighing about nine and one-half pounds. These containers are kept thoroughly heated in a cupboard in the general kitchen, transferred to a *bain-marie* while being filled and kept hot until ready for transportation. They are carried in closed unheated carriages through tunnels to the kitchen lift and then placed in compartments in the steam-table in the diet kitchens, and thus the food is kept piping hot until ready to serve.

BOILER ROOMS.

Up to the present there are two 275 horse-power boilers installed on the ground floor of the power house. There is room left for two more such boilers and these two will be placed on

the opposite side of the smokestack from the two already installed. The smokestack is 175 feet high. On the ceiling above the coal-receiving hoppers are immense bunkers which hold 200 tons of coal. The central portion of these bunkers is reserved for ashes. In the basement below the boiler room is a coal crusher, into which the coal drops from an opening in the sidewalk. After crushing the coal is carried up by mechanical carriers to the bunkers. The ashes, which are dropped from the fires into hampers below the furnaces, are carried in trucks to the same mechanical elevator and dumped into the centre of the bunkers. From this place they are carried through a pipe out of doors and into wagons. In the basement there is a powerful fan which is connected with the stoking apparatus. It furnishes sufficient current to make a complete combustion of the coal, thus preventing any smoke. In this basement are also placed a work bench, an exhaust boiler and storage racks for pipes.

ENGINE ROOM.

The engine room is capacious and well lighted and on the same level as the boiler room. At present there are two turbines, one refrigerating machine, several hot-water heaters and a switchboard in this room. There is room left for a duplication of the engines. Here the electricity for light and power purposes is generated, as well as the cold for refrigerating purposes, the refrigerating machine having a capacity of twenty-five tons per day. On one side of the engine room there is no floor and up through this space projects from the basement, the hot-water heaters referred to above. In this space and underneath a portion of engine floor are the various pumps for conveying of water from the hot-water heaters to the boilers and for pumping the hot water throughout the hospital to the various baths, lavatories, etc. There are also two steam pumps here. In this basement the engineers and firemen have a toilet and locker room and there is also provided an ample storeroom for the engineers' supplies.

MEDICAL ORGANIZATION.

The hospital has adopted the unitary system of medical organization. Up to the present there is one chief in medicine and one chief in surgery. These men give their whole time to

the hospital, doing no outside work. They work on salary. Besides them there are several resident surgeons and several resident physicians who live in the institution, one or the other of them being on duty continuously. These residents are men who have had considerable hospital experience, and are qualified to cope with any emergency, if such emergencies occur, during the absence of their chiefs. These men are also on salary, and remain an unlimited time with the hospital.

So far, only medical and surgical cases are admitted to the hospital. Many of the patients come from the Ford factory. The hospital is open, however, to outsiders as well. Patients are charged at the rate of from \$2.50 to \$10.00 per day, depending on the kind of accommodation wanted. An extra charge is also made for the use of the baths in the Hydrotherapeutic Department, and surgical patients are charged if an operation is performed. On the medical side, however, the charge for the room includes not only the room, but also the board, nursing, and for the doctor as well.

On the medical service, a good many of the patients have been treated for morphinism and alcoholism, with a good deal of success, probably 25 to 30 per cent. making recovery. There are treated also a good many cases of functional nervous diseases, and for such we find much value in the Hydrotherapeutic Department. In this department already, although we have only some sixty patients, we employ two men and one woman. These people also do massage work, the baking of joints, and administer the light treatment.

NURSES.

The nurses employed are all graduates of well-known training schools. They work eight hours per day, and work in three shifts, changing from one shift to the other quite occasionally. The nurses start with a salary of \$80.00 per month, gradually increasing to \$90.00. After three months' service they are allowed one day off in seven. Their uniforms are laundered for them by the hospital.

Selected Articles

ST. GEORG HOSPITAL, HAMBURG

AN important part of the surgical administration at St. Georg, is the work which is done in the small examining room in the separate pavilions described before, as part of the admission suite. Here many phlegmous felons, urine infiltrations, etc., are relieved when the patient is admitted and thus the infections are not carried to the operating building at all. In the operating building itself, a careful selection of cases is made and no septic case goes to the aseptic operating room.

The operating building itself is a structure of two stories, 97 ft. by 50 ft., and besides the two large operating rooms and the various accessory rooms which together occupy the entire floor, there are, on the upper floor, a suite of rooms devoted to the X-ray service, a storing space for dressings, the quarters of the nursing supervisor and those of the two operating-room nurses. As above-mentioned, there are no connecting corridors, even to the nearest pavilions, as the exception is occasionally made (e.g., at Virchow and Schoeneburg), patients are brought from the pavilions upon rubber tired iron stretchers, provided with good soft springs. The stretcher proper is lifted off from the truck at the destination.

The basement of this building contains a feature unlike anything elsewhere observed. This is a mechanical air filter, by means of which the air going to the aseptic operating room is filtered through a layer of sand or finely broken coke. On its way it passes in winter over heating radiators; in summer it is cooled by ice. It is propelled to the operating room by an electric blower, which is said to be noiseless.

A feature that was well thought out in this building is the arrangement of the rooms devoted to the preparation and to the storing and distribution of dressings. A bandage store-room, with extensive shelf space, occupies a position in the basement directly below the main dispensing-room for bandages and other

dressings, and is connected with this and the plaster-room on the floor above this by a lift. The dispensing-room on the main floor has a door into the corridor leading to the operating-room, but also has a dispensing window in the lobby or hall through which the dressing materials are given out to those from the various pavilions. These persons enter the first floor of the operating building, but are obliged to go no farther.

From this small hall or lobby the stairs lead up to the X-ray department on the second floor, so that the patients from the pavilions have access to this without entering the corridor leading to the operating rooms.

Entering this corridor from the lobby just described the large aseptic operating-room (28 ft. by 23 ft.) lies at the left, at the end of the corridor, the septic operating-room (about 20 ft. by 30 ft.) is just across the corridor opposite the main entrance, and lying between the two is the sterilizing room for both. As an ante-room the portion of the corridor opposite the sterilizing-room is cut off from the rest by a glass partition and door. Turning to the right along the corridor there is first, as above described, the dispensing-room for dressings, and opposite this an elevator, a laboratory and a bathroom, beside the office of the chief surgeon. At the end of the corridor is a waiting-room at either side, one for men and one for women, friends of the patients being operated upon.

Returning to the large aseptic operating-room, we see a room nearly thirty feet square, of which almost the whole of two sides and the ceiling are composed of double ground glass windows, while the rest is covered with white tiles. The warm air passes beneath the floor of this room just as beneath those of the wards; it then makes its way between the double glass wall that forms the large windows. The chamber between the glass ceiling of the operating-room and the glass roof is thus heated and is ventilated by a stack which takes off this rising warm air. This chamber above the ceiling is essentially the same as that at the Rudolfinerhaus in Vienna. Inside each of the two operating rooms there are four wash-stands for the surgeons' and nurses' use; but for the purpose of preparing the patients before being brought into the operation, there is alongside the operating-room another room about 23 ft. by 18 ft. with an elaborate

equipment, including apparatus for narcosis, four more wash-stands and all the appliances to prepare the patient for aseptic operation. Operators and others use gum-shoes (if a complete change is not made) over their street shoes, just as is done at Billroth's and Geersuny's, Rudolfinerhaus in Vienna.

Opening out of both the operating-room and the preparation-room is the room for instruments, apparently placed on the opposite side of the operating-room from the sterilizing-room so as to be removed from the steam.

The sterilizing-room is perfection itself, being equipped with everything conceivably necessary. The Lautenschlagers' of Berlin were given free rein to do their best. Besides dry sterilizers for catheters, catgut, glassware, etc., and steam sterilizers for high pressure, there are elaborate provisions for sterile water, hot and cold, for sterile saline and other solutions. The reservoir for sterile water contains 83 gallons; for salt solution 28 gallons. There is an autoclave built in the partition wall between the sterilizing-room and each of the operating rooms at either side. There is no door in the wall on the side toward the septic operating-room, the instruments being passed out through a window, thus minimizing the amount of communication between the two rooms. In the sterilizing room are also special provisions for warming water or solutions and for warming linen and appliances for the mechanical cleaning of instruments that have been used.

Turning again to the operating rooms, we observe in the larger aseptic room that ventilation is effected by forcing in by an electric blower of air which has passed through the gravel and coke filter in the basement. This was installed because of the particularly dusty atmosphere said to exist in this part of Hamburg, but the necessity for such an elaborate equipment as that here installed was questioned by some of the surgeons.

The lighting of this larger operating room at night is amply provided for, there being placed about twenty inches below the inner glass ceiling three composite electric lights, made up of 21 soumum lamps of 50 candle power, placed in a case with a ground glass bottom (toward the operating table) and a protecting wire screen to avoid danger in case this ground glass front should be broken. (Total, 3,150 candle power.) The

whole is so constructed as to admit of being easily kept clean. The arrangement of these three sources of well-diffused, though ample, light, is such as to make shadows almost impossible, and being placed high there is no annoying heat radiating upon the operator and patient.

In the other smaller operating-room one only of these larger composite lights (1,050 c.p.) is used. This is placed beneath the ceiling. There are smaller globes (set into the ceiling) each with a light of 250 candle power.

The day lighting of the second operating-room is through double windows (ground glass) about a bay across the whole end of the room (20 ft.). This bay, which is the half of an octagon, extends about 10 ft. out from the wall of the building, so that both sides and ceiling are a source of light within, covering about one-third of the whole ceiling space of the room. The walls for four feet up from the floor in this bay and all the way to the ceiling in the rest of the room are of glazed white tile. The floors in both the operating rooms are of hexagonal Mettlach tiles. The ceiling is thirteen feet high.

An interesting and unique, though cheap article of operating-room furniture here seen, is a simple square frame about thirty inches high, set upon casters and holding a canvas bag, that is just of a size to fit and hang inside this frame (about two feet square). The top of the bag is fitted with a closing top like that of a travelling bag, and this hinged frame is held open by fastening the bag into the frame standing on the floor. This bag stands at one side of the operating table and, since it is light and on casters, is easily placed where wanted. All soiled or waste dressings, cotton, etc., are thrown into this bag, which, after the operation, is simply closed and carried away to the disinfection and incinerating plant.

In describing his equipment (chapter 4 of "die Neubauten des Allgemeinen Krankenhauses, St. Georg, Hamburg"), Albers-Schoenberg, the great European expert radiologist, says it was the aim here to fulfil the following six conditions:

- (1) The Institute should undertake to carry on *all* X-ray work, both medical and surgical services, as well as that devoted more specially to therapeutics.

(2) All persons, whether physicians or nurses, must be absolutely protected in their work against the effect of the rays upon their bodies.

(3) Routine examinations must be carried out quickly, in the interest of the patient, to the end that any surgical operation to follow such examination may not be delayed.

(4) Every portion of the apparatus used shall at all times be ready for use, and have its fixed place in the laboratory, so that there may never be any loss of time in setting up the apparatus.

(5) In spite of the large and ample space allowed for this work, yet, as a result of the fact that much of the apparatus is of large size; the best use must be made of the space and particular reference to this point must be borne in mind in placing the apparatus.

(6) The Institute ought not only to be considered as meeting the practical needs of the hospital, but ought to be a model institution for the advancing and teaching of Röntgenology.

An elevator connects the operating suite, below, directly with the two main rooms of the Röntgen institute. One of these larger rooms in the centre leads to the dark-room suite, and the other to the room for storing records. To avoid any filtering of the rays through the partition between the examining room and the dark-room this wall is covered with lead plate, 1-50 inch thick. The walls of the dark-room are covered with black glazed tiles. The ceiling is painted in black. The entrance to the dark-room is through an ante-room and two doors, the one leading into the dark-room being protected by sheet lead to cut off even the secondary reflected rays.

In the ante-room is a vat of the photographic process, which it is found must be separated from the rest (that with Mercury). The window by which this room can be aired is glazed with red glass panes. An electrically driven developing table is in the room, as well as sinks, shelves for chemicals, etc.

In the first examining room, surgical cases are seen as well as all fluoroscopic work and therapeutic raying, which is carried out with a compression screen.

In the second room there are the so-called orthoröntgenographic equipment for measuring the heart, as well as the modi-

fied Holzknecht-Robinson examining table or "troschoscope," which is used in operations under direct Röntgen radiation, and in making dorsentral negatives of the thorax.

The cabinet for protecting the operator and nurses is 5 ft. 8 inches by 3 ft. and 6 ft. 5 inches high, large enough conveniently to accommodate three persons. It is lined with lead. This cabinet is made of use in other ways, both as a place to put important parts of the apparatus inside and also upon the top. It has in its sides windows of lead glass. At either side of this cabinet is an examination table, one for the sitting or upright position, and one for the recumbent. The head of this work here claims that this double equipment is of immense value in doing the work speedily and thoroughly.

Canadian War Hospitals

VETERANS GO TO WHITBY FOR CURE AND TRAINING

THE newly-built Provincial Hospital for the Insane at Whitby has been loaned to the Military Hospitals Commission for the housing of sick and wounded soldiers who have been Overseas. Nowhere else in the world, it is said, is there an asylum that can compare with the Whitby Institution for excellence of construction and design. It is the last word in the cottage hospital form of public building; and not too good for the remaking of the men who have been shattered Overseas in the service of Canada.

The first party of invalided men to be quartered at Whitby left the city in charge of Capt. A. G. Ley and Lieut. G. A. Gillis. Those two officers are to be in charge of the Whitby Convalescent Home for the present. Accommodation for five hundred men is available now, and twelve hundred can be housed within two or three months.

The hospital village has an ideal location overlooking Lake Ontario, north-west of Whitby Harbor. It is a mile and half away from the town, high and dry, yet very close to the finest bathing beach along the lake, and thirty miles from Toronto on the Grand Trunk Railway.

The cottages at Whitby were designed to give their inmates the maximum amount of sunlight and fresh air. Those which are to be occupied by the first five hundred invalided soldiers have housed female patients for several months. The unfortunate women have been taken to Cobourg, and the cottages made ready for the men who have been on active service.

The village consists of sixteen cottages, four hospital buildings, nurses' and doctors' quarters, recreation rooms, a central dining-room, power house, ice house, and an extensive concrete moulding workshop. The cottages provide accommodation for

fifty-seven to sixty-two inmates in each one of them, and the hospitals will hold four hundred when completed.

The perfection of the equipment amazes visitors to the place. From the power house to the kitchen nothing has been left undone for the comfort and convenience of the inmates and staff. The bedrooms and wards are models, and the day rooms in the cottages would grace a country club.

Fire prevention has been made a fine art, and the latest labor-saving devices are found, from the self-feeding boilers in the power house to the potato-peeling machine in the kitchen. The ice store-house is another model. The wastage last summer amounted to only five per cent. of the ice stored. Some private concerns call it good business if they have 80 per cent. of their crop.

The Military Hospitals Commission plan to make the invalided men fit for civil life by vocational training, farming, gardening, proper recreation and sufficient medical and surgical attention.

Five hundred acres of farm and garden land are available for the use of the patients. Ample indoor space is provided for the vocational training classes, and arrangements are already being made for moving pictures and baseball, fishing and boating, and other pastimes and sports to fill the idle hours.

The College Street Convalescent Home will be closed shortly. The Spadina Home will remain in use as a reception hospital; the Booth Memorial Home will be the home of "amputation" cases and the site of the artificial limb factory, but the Cottage Hospital at Whitby will be the place where most Toronto men returning from the war will be made well for some time to come.

The Ontario Government has established a high standard for the public institutions it has erected during the past ten years. The Cottage Hospital for the Insane at Whitby is unequalled, and only downright folly could make it unsatisfactory for the housing and treatment of returned soldiers.

THE MILITARY HOSPITALS COMMISSION—SOME OF THEIR PLANS FOR THE FUTURE

THE Military Hospitals Commission have recently made considerable progress in the securing of further buildings for the housing of returned soldiers.

At Whitby nearly 500 beds are now ready (with, later on, accommodation for 1,200), with an additional 500 at Guelph. The Massey-Treble Home will be opened almost immediately for incurable patients.

Mr. Armstrong, Secretary of the Commission, recently gave us the following information:—

The Booth Memorial Institution, or the Salvation Army Training School, is almost ready as an orthopedic hospital, with accommodation for 500. Contracts have been let for dining-room and kitchen, and plans are under way for extensions to the building to accommodate 400 to 500. In addition to this, a large building will be erected for the manufacture of artificial limbs, and vocational training class rooms.

Grant Hall at Queen's University, Kingston, has been taken over by the Commission, and is being converted into an active treatment hospital for 650 patients. It will be ready in a month's time.

Dalhousie University, in Halifax, has been taken over by the Commission, with grounds, and large temporary extensions are being added to take care of 500 patients.

Loyola College, in the Province of Quebec, is being converted into a Military Hospital with accommodation for 300 men, to be ready in three weeks' time.

The old Agricultural College Building has been turned over in its entirety by the Provincial Government to the Military Hospitals Commission, to be used for hospital and convalescent home purposes.

A start has been made to reconstruct the buildings in order that a convalescent home of six hundred beds may be available by April 15, and it is also proposed that re-education work will be undertaken here. The plans in detail, however, have not yet been arranged.

At the Guelph Reformatory there will be established one of the finest vocational and re-education centres, if not the best in the world.

The Commission has just completed arrangements with the City of Winnipeg for taking over Alexandra Park for erection of a temporary hospital, for active treatment, and temporary accommodation for 600 patients. At this hospital X-ray equipment and other equipment for special treatment will be installed. This hospital will be used as a Clearing Hospital for Manitoba and the West. Patients will be brought to that point by special hospital trains, from points of embarkation. After treatment and rest they will be distributed to various convalescent homes in their respective provinces.

In Saskatchewan the Commission has taken over the Y.M.C.A. Building at Saskatoon. This was given by the City of Saskatoon to the Commission, and will provide accommodation for 200 men. This will be used ultimately as a vocational school, being near to the University of Saskatchewan.

The Commission has consistently discouraged the taking over of hotels for small hospitals, owing to the large number of small rooms, and the difficulties of administration generally. The policy, which is concurred in by leading medical men, is to establish institutions in the country with accommodation of not less than 250 patients. In such institutions there is ample opportunity for expansion, and providing the men with proper vocational training.

The Knox College property was obtained free for two years, in consideration of large expenditures on the building. After two years the rent is to be \$8,000, and the Commission has expended between \$17,000 and \$18,000 on the building. The plans now under way of organization of management of Guelph and Whitby institutions, for dealing with treatment and education of returned soldiers, will put Canada in the forefront in this work.

MILITARY HOSPITAL LANTERN SLIDES

AN Ontario minister a few weeks ago borrowed from the Military Hospitals Commission a set of lantern slides. These slides show what goes on at the hospitals and sanatoria. That is, they show something of how our injured soldiers are being restored to health and to power for self-support, however serious their injuries may be. The minister exhibited the slides at three country churches under his charge. In returning the set he writes:—

“My recording steward, who is also the postmaster and chairman of the local recruiting league, says they should be shown in every community. They meet the unrest in many families who have feared that the maimed who return will be forced to sell lead pencils or such like.

“What I should have done was to ask for them for a longer period and put them on in every available church in this district. A man with a well prepared lecture and a few local slides could render a valuable service to the country, both in allaying the unrest above referred to and in removing the prejudice in some families from which recruits might be secured.”

The slides, with explanatory notes, may be borrowed by ministers and other responsible persons, free of charge. Application should be made to the Military Hospitals Commission, 22 Vittoria Street, Ottawa.

HOSPITAL FOR FLYING CORPS

TORONTO people interested in the welfare of the Canadian members of the Royal Flying Corps met at the Margaret Eaton School, on March 6th, to discuss the organization of a local committee to undertake work for this branch of the Imperial service. Dr. Helen MacMurchy was in the chair, and two representatives of the Royal Flying Corps, Lieut. John Inwood and Flight-Lieut. F. C. Biette, who is home on sick leave, told of this division of hospital work in England, and its ever-increasing needs.

Up to the present time, Lady Tredegar's London house at 37 Bryanston Square, under the supervision of Lady Henderson, and a convalescent home in Cornwall have been the only accommodation. The twenty-one patients are cared for by a matron, four nursing sisters and five nurses-in-training. The house staff consists of V.A.D. help, a number of whom have been Toronto and Canadian girls doing their bit in England, which makes this hospital of particular interest here.

English people have supported the hospital by voluntary subscriptions, but as a large proportion of the patients are Canadian men and the accommodation is quite insufficient, the Aero Club of Canada and friends of the Flying Corps have planned to give some assistance from here.

NURSES ARE HONORED

For their heroic service among the wounded in France and England several Toronto nurses have been decorated with the Royal Red Cross Medal. Miss Jean Johnstone, one of those honored, was formerly a public school nurse in the city. She went Overseas when the first call came for nurses in 1914, and has done valuable work in Egypt, Lemnos, Salonica, England and France.

Miss G. A. Gray, whose valuable services have resulted in the Royal Red Cross Medal being awarded to her, went Overseas with the No. 4 University of Toronto Hospital.

Miss G. A. Mavety, who has been decorated by the King, is the daughter of Dr. A. C. Mavety, 173 Mavety Street. She volunteered for Overseas in February, 1916, and a month later went Overseas with the Ontario Government Military Hospital.

Miss Marion R. Marsh, of Newmarket, who went Overseas with the same hospital, has also been decorated with the Royal Red Cross Medal.

Miss F. H. Wylie, daughter of Capt. W. H. Wylie, in charge of the recruiting depot at St. Catharines, has been decorated for service in various hospitals since the outbreak of the war. She is now with the Canadian Casualty Clearing Station in Belgium.

Lieut.-Col. R. Delharwood, Edmonton; Lieut.-Col. F. W. Wilson, Toronto, and Major A. W. McPherson have gone to France.

Dr. W. W. Chipman, Montreal, has been appointed to assist Lt.-Col. Thompson, M.P., Medical Officer of the Military Hospitals Commission.

Capt. J. N. MacRae, C.A.M.C., Galt, Ontario, late Adjutant of the 34th (Western Ontario) Battalion, is now Acting Adjutant of the Central Military Hospital, Shorncliffe.

Lt.-Col. Shillington recently took charge of Kitchener Canadian Hospital at Brighton, and is now settled there as officer commanding. This hospital at present consists of 1,400 beds, but may later be increased by 1,000.

Lt.-Col. McPherson, before taking up his position as O.C. at Orpington, was given a dinner by the officers of Taplow Hospital, on the occasion of that institution being taken over by Lt.-Col. Roberts, recently of No. 4 General Hospital at Saloniki. The function took place at London House, which Maj. Waldorf Astor loaned for the occasion.

Dr. Fred. Burnham, Winnipeg, has left England for Macedonia, where he will take command of the Serbian Military Hospital. Dr. Burnham saw service with the British Red Cross in Montenegro, and was attached to the staff of a base hospital at the time of the Montenegrin retreat. He has been decorated twice by the King of Montenegro.

Captain Alfred K. Haywood, M.C., is now in charge of the Canadian Convalescent Hospital at Epsom, containing 2,500 beds. Captain Haywood left Toronto as medical officer of the 3rd Battalion. He served with the battalion in the field about a year and one-half, and was through all the heavy early fighting, such as the battle of Ypres. Previous to the war Captain Haywood was assistant superintendent of the Toronto General Hospital.

Hospital Items

ACTION AGAINST MONCTON HOSPITAL BOARD

AN interesting case was recently argued in the Chancery Division at St. John, N.B., before His Honor Mr. Justice Grimmer when a suit was brought against the Moncton Hospital Board by Mr. Francis P. Murphy, of Moncton. A by-law was passed by the Hospital Board last year by which any person, by payment of a sum not less than one dollar, was entitled to vote at the Annual Meeting upon any question, including the election of trustees of the hospital. Accordingly a number of persons paid the necessary subscription and subsequently registered their vote at the Annual Meeting, when three trustees were elected, one of them being Mr. Murphy. An adjourned meeting of the Hospital Board was held, at which the by-law previously passed was declared to be *ultra vires*. A second vote was then taken, with the result that Mr. Hamilton, one of the retiring trustees, was re-elected instead of Mr. Murphy. In bringing his suit, Mr. Murphy claimed that the action taken by the Hospital Board at the adjourned meeting was illegal and demanded damages. The contention of the defendants that both the by-law and the proceedings at the Annual Meeting were illegal was upheld by the Judge, who pronounced judgment in favor of the hospital.

REPORT OF ST. VINCENT DE PAUL HOSPITAL, BROCKVILLE, FOR YEAR ENDING DEC. 1, 1916

IT was with satisfaction that the Sisters of St. Vincent de Paul Hospital, Brockville, recently placed before the public the report of the past year's work.

Improvement, the watchword of the hospital, has marked a few of its departments during 1916.

Chief of these is the renovation of the diet kitchen on each flat, which now enables the dietician to serve the same tray and dishes to each individual during his stay in the hospital. This unique system of serving the sick has called forth high commendations from the casual observer. Another very important accessory, which adds to the appearance and usefulness of this department, is an Alexander war sink.

The old house 'phone system being entirely beyond repair, it was necessary to introduce another. This is a decided improvement, as it gives better service and practically eliminates all noise.

Although the new electrical elevator is only in course of erection, yet some mention must be made of it. This departure was most urgent, as the old elevator was condemned as being unsafe for the transfer of patients to the wards.

The Sisters take this opportunity of extending their sincerest thankfulness to their never-failing generous friends who, in some degree, great or small, have advanced the standard of the hospital.

ANNUAL MEETING OF ROYAL VICTORIA HOSPITAL, MONTREAL

THE 22nd Annual Meeting of the Board of Governors of Royal Victoria Hospital, Montreal, took place on January 16th. It was reported that patients to the number of 6,075 had been admitted during the year, of whom 1,794 received free treatment, 2,566 were admitted to the public wards, and 1,715 had private rooms; 4,556 were residents of Montreal and 1,519 resided in neighboring districts. The average number of days spent at the hospital per patient was 20, and 123,967 days of treatment were given, as compared with 107,927 in 1916; 295 deaths occurred during the year, the percentage being 4.9, or, if those which occurred within forty-eight hours of admission were deducted, 3.07. The average cost of maintenance per patient was \$2.18 a day, seven cents less than during 1915.

ANNUAL MEETING OF WESTERN HOSPITAL, MONTREAL

THE Board of Governors of Western Hospital, Montreal, also held their 44th Annual Meeting on January 16th, when the President was able to make the gratifying announcement that the overdraft at the bank had been reduced from \$46,000 to \$17,000, the sum of \$60,000 having been subscribed during the campaign a few months ago. The present buildings are not large enough to meet the increasing requirements, and a committee has been appointed to consider the best means of dealing with the situation. The average daily cost per patient was \$2.47. The number of admissions to the hospital was 1,567, of which 1,413 were residents of Montreal; 28 deaths occurred, being a percentage of 2.77; 18,225 cases were treated in the Outdoor Department. Dr. Peter S. Campbell is Acting Medical Superintendent of the hospital in the absence of Dr. Alan F. Argue, C.A.M.C., Medical Officer of the 244th Battalion.

INCREASED HOSPITAL GRANTS

A REPRESENTATIVE deputation from the hospitals of the Province on March 8th asked the Provincial Government for increased assistance. Dr. Langrell, Hamilton, presented a resolution which had been passed asking the Government to increase its grant for free patients from 20 cents a day to 40 cents, and that the hospitals should be empowered to collect from the municipalities by way of a debt, \$1.50 a day for indigent patients, instead of \$1 a day as at present.

Mr. W. E. Rundle, chairman of the Finance Committee of the Toronto General Hospital, gave statistics to show that Government grants in the Province had not increased in the last 21 years. On the other hand, the cost of maintaining patients had risen from 72 cents a day to between \$1.70 and \$1.80 a day. The number of "hospital days" in the Province had increased from half a million to two and a-half millions

in that time. The increase in expenditures was more than fourfold.

Mr. J. L. Chabot, Ottawa, representing the Ottawa General Hospital, said the Workmen's Compensation Act worked a real hardship on the hospital. The loss in this way had been serious.

Mr. Goodwin, New Liskeard, and Mr. P. J. Mugan, London, also spoke.

Premier Hearst promised careful consideration of the representations made by the deputation. With reference to Mr. Goodwin's plea for special consideration for the northern hospitals, he thought that justice demanded that the Government should step in and do something. The matter of added burden under the Workmen's Compensation Act was being taken up on the application of the doctors with regard to first aid legislation.

The Controllers of the City of Toronto, on March 9th, at their meeting, expressed themselves as quite agreeable to the Government increasing its share of the per diem grant made to hospitals, but demurred so far as the City was concerned. The notice to the Board of the meeting at the Parliament Buildings did not state whether or not it was proposed to increase the City's share, and it was decided to keep an eye on the action contemplated by the Government.

OFFERS LARGE SUM TO KINGSTON HOSPITAL

THE Chancellor of Queen's University, Dr. James Douglas, of New York, has agreed to give \$100,000 towards a fund to develop Kingston General Hospital into a capacious modern institution, and especially with a view to the improvement of its teaching facilities in connection with Queen's University School of Medicine, making research work possible. The Hospital Board expressed appreciation of the generous gift, and the committee will engage a hospital architect to draw plans, and later will put the matter before the Legislature and the municipal councils of Eastern Ontario.

COLONEL PERRY GOLDSMITH, Toronto, was last month appointed President of the Officers' Standing Medical Board. Colonel G. S. Rennie, of Hamilton, has assumed the entire duties of Assistant Medical Director at Shorncliffe, now that Colonel Shillington, Ottawa, has gone to command the Kitchener Hospital at Brighton. Major Donald, Vancouver, is appointed Commandant of the Canadian hospital ship, with Captain McDiarmid as Adjutant.

THE Toronto City Council on March 5th granted \$15,000 to the Grace Hospital to assist in the payment of the accounts entailed by extensive structural alterations, etc.

THE Provincial Sanatorium at Kentville, N.S., is to be enlarged to provide accommodation for one hundred soldiers who have returned from the front.

THE steel works building in Fort William has been offered to the Military Hospitals Commission free of charge, and has already been inspected and pronounced suitable for work.

THE following Hospitals are now under the command of the O. C. Canadian troops, London: Ontario Hospital, Orpington; Taplow Hospital, Bushey; Park Convalescent Hospital, Bear Wood; Convalescent Hospital, Hillingdon House, Uxbridge; Special Hospital, Buxton.

Personals

DR. KENDALL, House Surgeon at the Ottawa Isolation Hospital, has resigned.

DR. G. A. SCOTT is the Medical-Superintendent of the Municipal Hospital, which was opened at Bassano, Alta., in December.

DR. J. G. WRIGHT, formerly on the staff of Rockwood Hospital for the Insane, has been appointed to succeed Dr. Body as Medical Superintendent of Kingston-General Hospital.

DR. J. N. E. BROWN, who up till a few years ago was Medical Superintendent of Toronto General Hospital, has resigned his position as Medical Superintendent of the Henry Ford Hospital, Detroit. The doctor is at present enjoying a much needed vacation at New Orleans, La., and other Southern points.

COL. PROWSE, Winnipeg, was appointed a few weeks ago Commandant of the new Patricia Convalescent Hospital at Ramsgate.

COL. CASGRAIN, Windsor, Ont., is Commanding Officer of the Canadian Hospital at Bushey Park. Their Royal Highnesses the Duke and Duchess of Connaught recently visited that institution.

LIEUT.-COL. T. B. RICHARDSON, formerly in command of the Toronto Military Base Hospital, has been taken on the strength of the district headquarters, and has been detailed for duty by Col. F. W. Marlow, Director of Medical Services, at Sudbury, where the new recruiting mobilization centre has been opened.

Book Reviews

The Highway of Death. By EARL BISHOP DOWNER, M.D., American Red Cross Surgeon to Serbia, 1915. Copiously illustrated with numerous half-tone engravings from original photographs. Philadelphia: F. A. Davis Company.

This little book of fourteen chapters, at \$1.50, is written by a young doctor of Columbus, Ohio, a graduate of Ann Arbor, Michigan. The story, without any literary pretensions, is a simple narration of Dr. Downer's experiences in the typhus epidemic in Serbia, and as a red-cross man at the front. He gives a graphic description of the capture of Belgrade by the Germans.

The Prevention of Disease; A Popular Treatise. BY KENERLEN WINSLOW, B.A.S., M.D., Attending Physician to the Seattle City Hospital, King County Hospital, Washington, etc. Philadelphia and London: W. B. Saunders Co.

This book is defined by the author as a practical guide for the layman that he may avoid the various diseases described therein.

Personal Hygiene.—The first three chapters of a book of some 300 pages are devoted to the proper methods of living in health, so as to avoid ill-health.

Chapter One discusses the effects upon the human body of tea, coffee, alcohol, tobacco, morphine, and cocaine.

Chapter Two gives instruction in the care of the teeth and mouth, the hygiene of digestion, cooking of foods, water supply, etc.

The third chapter treats of exercise at different ages, baths, ventilation, baldness, dandruff, etc.

Germ Diseases.—The various germ diseases are taken up in a manner which will be readily understood by the laity. The history of vaccination is described and its great value pointed out.

The importance of infection of the nose, mouth and throat as a cause of serious general disease, is elaborated.

Prevention of Cancer.—Cancer is increasing among civilized nations. The chapter devoted to this subject gives simple and plain directions regarding the earliest signs of this affection, and the means of prevention, which, if followed, would do much to lessen the terrible mortality from this disease.

Prevention of Sexual Disease.—The two important sexual diseases, whose prevention is of vital importance to the human race, are plainly discussed. The danger of blindness in children from gonorrhoeal ophthalmia is pointed out and the means of prevention outlined. This is a most valuable chapter.

Rheumatism.—The close relation of acute and chronic rheumatism to tonsillar affections, forms the subject of another chapter.

Prevention of Diseases of Children and of Middle Age.—These chapters give valuable information in regard to these two periods of human life. In the former, the food of the infant, his protection against infection, and the general direction of his upbringing, are considered, while in the latter the importance of the prevention of arterio sclerosis, heart disease, and of Bright's disease, is aptly described.

Prevention of Mental and Nervous Diseases.—The fact that nervous and mental diseases should be included in the realm of public health is duly recognized by the author. This chapter has an introduction by Frederick Peterson, and emphasizes the effect of sexual life and of alcohol and syphilis in relation to preventive nervous disorders.

Diseases of Digestion.—Food poisoning and disorders of nutrition are considered in an instructive manner.

Certain deformities and their prevention, such as lateral curvature, humpback, bow-legs, and flat feet, afford valuable information to the reader.

The final chapter is devoted to the prevention of infection and bleeding in wounds.

There is a very good index, and the illustrations, paper, and general makeup of the volume are attractive.

Taken altogether, one can honestly recommend the book as one to be read by the layman, and even by the physician, with pleasure and profit.

Text Book of Anatomy and Physiology for Training Schools and other Educational Institutions. By ELIZABETH R. BUNDY, M.D., member of the Medical Staff of the Woman's Hospital of Philadelphia; Gynecologist, New Jersey Training School, Vineland; formerly Adjunct Professor of Anatomy and Demonstrator of Anatomy in the Woman's Medical College of Pennsylvania; formerly Superintendent of Connecticut Training School for Nurses, New Haven, etc. Fourth edition, revised and enlarged, with glossary and 243 illustrations, 46 of which are printed in colors. Philadelphia: P. Blakiston's Son & Co.

As one would expect from an authoress who has a medical training, has served as demonstrator and professor of anatomy, and also as superintendent of a training school for nurses, this is a very practical work, and well suited for educational institutions and nurses' training schools.

The glossary is very full and will prove useful, and among the 243 illustrations we recognize many old and valued friends.

American Red Cross Text Book on Home Dietetics. By ADA Z. FISH, Head of Art and Home Economics Department, William Penn High School, Philadelphia. With seven illustrations. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street.

Food Values, The Necessary Daily Food for an Average Person, Its Preparation and Preservation, Strict Rules of Cleanliness to be Observed are a few of the subjects very concisely and simply discussed in this manual of one hundred and eleven pages. A few pages also with recipes for sick people. The book is clearly written, and so, easily remembered, and although intended for Red Cross workers, it should be valuable also to all interested in one of the greatest problems of to-day—"Our daily bread." We commend it to "Thrift Campaigners," and even as a valuable companion to the cook book in the average kitchen.

TOBACCO IN WAR TIME

THE beneficial effects of the use of tobacco have been clearly demonstrated in the present war to an even greater extent than they were in the South African Campaign. During that campaign many prominent physicians and surgeons stated their opinions in favor of the use of tobacco by the troops, and these opinions have been confirmed and emphasized by experiences during the present great struggle.

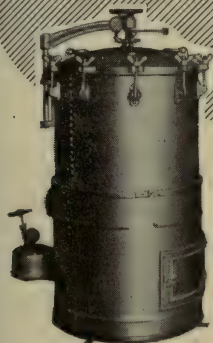
The man at the base forgets his grouch under the soothing influence of a cigarette. When he goes to do his turn in the trenches he whiles away the long, weary hours under the same comforting influence. The officer directing operations at the post of danger steadies his nerves by the same beneficial means.

A plentiful supply of cigarettes is now considered an essential part of the equipment of every hospital dealing with wounded soldiers. It is considered even more important that these comforts should be supplied to the wounded men than to those who are actually at the front, although the Commissariat Department takes care that these men, too, shall have lots of smokes.

This cumulative evidence as to the value of tobacco-smoking has caused a change of opinion in its favor by many people who were previously averse to its use. Chaplains who have gone to the front with the troops, and seen for themselves the wonderful way in which the use of tobacco has helped the soldiers to bear their hardships, are not only enthusiastic in supporting this use of the weed, but have become users themselves.

The supply of cigarettes is a very important part of the work of the Red Cross organization, and funds for this purpose have also been organized by newspapers in all parts of the Empire. The continued support of these funds by people of all classes is a significant feature.

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PHYSICIANS who find that their patients are unable to keep the temperature of their houses up to 70 degrees, especially in cases of sickness, should call up W. E. Clark, Limited, Toronto. This firm manufacture what they call the Clark Temperature Booster, an equipment which can be installed in a couple of hours on any hot-water heating system, whether new or old, the result being surprising. The Booster will materially increase heat without any additional fuel consumption, and can be attached without much cost.

The Ostermoor Mattress

HOSPITAL Superintendents who are anxious to instal high-class bedding in their Institutions should, before doing so, communicate with the Alaska Feather and Down Co., Montreal. This firm recently equipped the New General Hospital, Montreal, as well as other large Institutions. The Ostermoor Mattress is resilient and ideal for Hospital use, as it will stand the hardest of wear without sagging. It sells at a very reasonable price and is composed of the best of material.

Hospital Furniture

For almost anything in the line of hospital furniture (outside of the operating theatre or ward), hospital authorities should write the Gendron Manufacturing Co., Toronto. They manufacture a splendid line of goods for institutional use, particularly the lines shown in Catalogue C. One line worthy of notice is a chair equipped with carrying bars for taking patients up and down stairs. Without the bars, which can be instantly detached, this chair makes an ideal one for the library, verandah or smoking-rooms. Write for Catalogue C.

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Dennisteel

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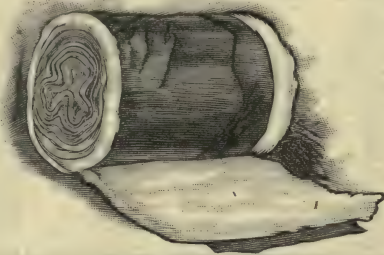
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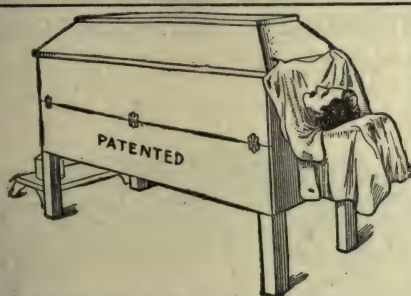
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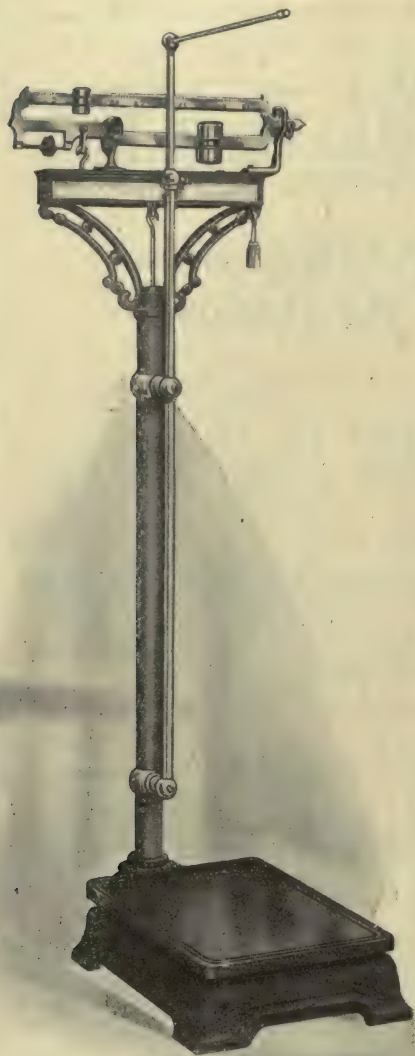
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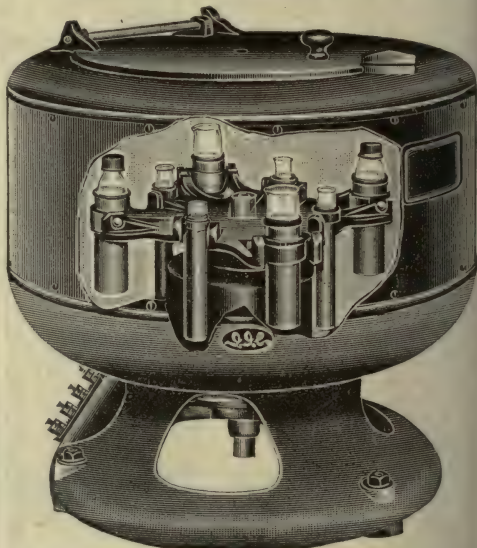
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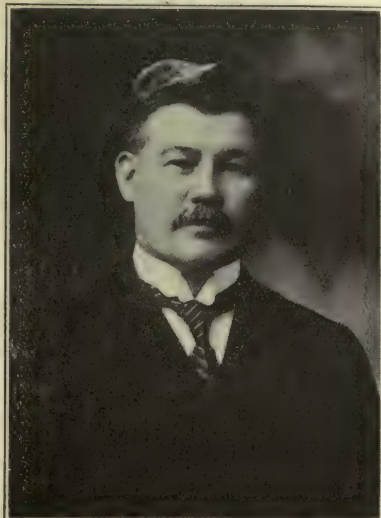
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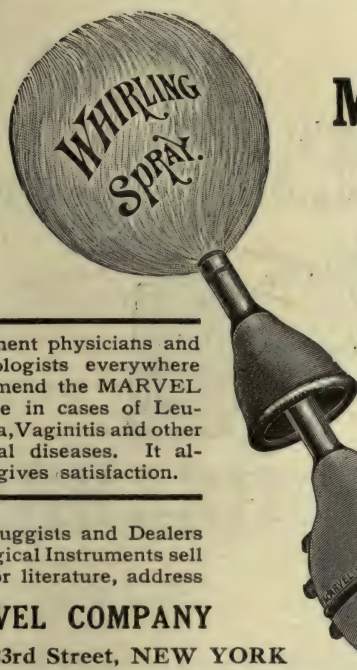
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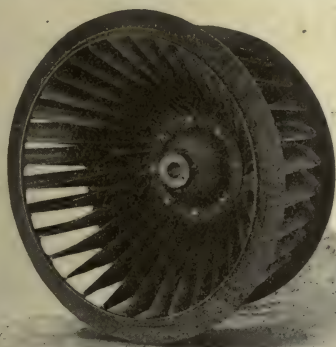
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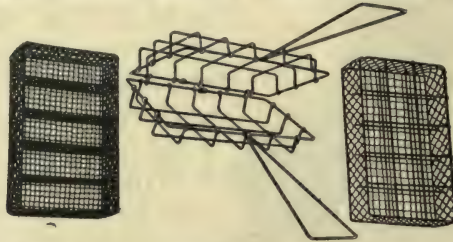
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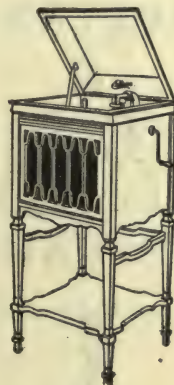
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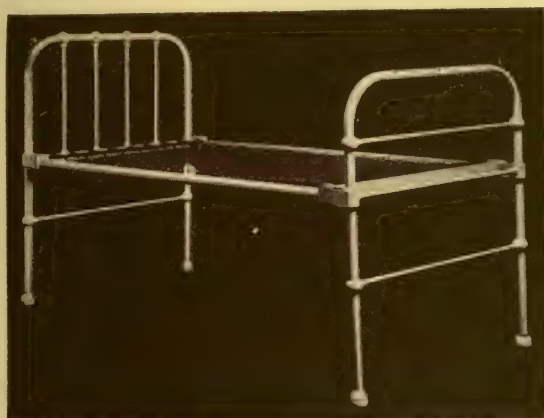


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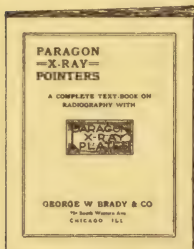
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THE HOSPITAL WORLD

Vol. XI (XXII)

Toronto, May, 1917

No. 5

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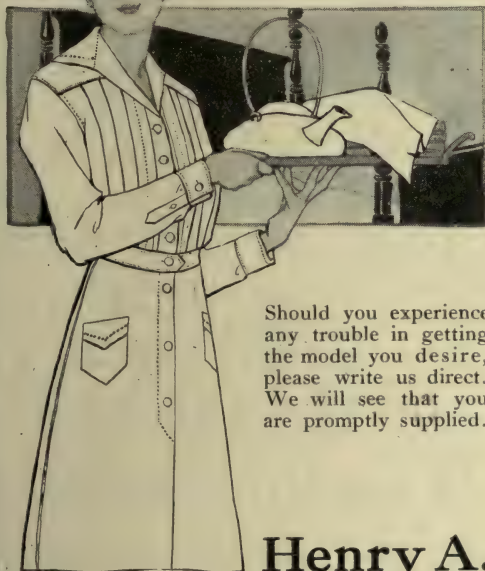
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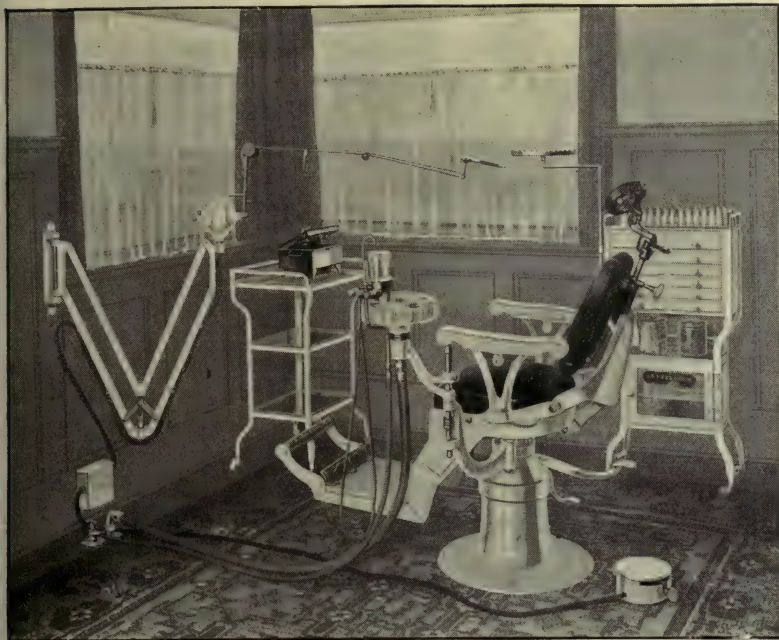
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Vol. XI.

TORONTO, MAY, 1917

No. 5

Editorials

THE TORPEDOING OF HOSPITAL SHIPS

"Demons, whoever they be——"

THE horrors of this World War are dwelt on by every tongue, and seldom indeed is the case where the pen is not mightier than the sword in its bloodless but daring thrusts against the "frightfulness" of this

mad, Dervish-like death dance of a maniac and his armies whipped by the cursed militarism of a tyrant, the soldiers of the German nation go on and on at the word of command; and now the whole world gasps as that sacred thing, the Hospital ship, with its cargo of spent, bullet-ridden bodies, many less body than spirit, with those tireless nurses who minister to them, are hurled, without warning, into the sea by a German torpedo. The Red Cross not respected! All sense of honor gone! Just the "Blonde Brute of Brandenburg" loose in this world, "the brand of Cain upon his brow" his only diadem, and perchance his future halo. Calamity must be borne, sorrow is left alone to mourn, but suffering surely rends all hearts. Who but demons could laugh and gloat over destruction? For this crime there can be no forgiveness.

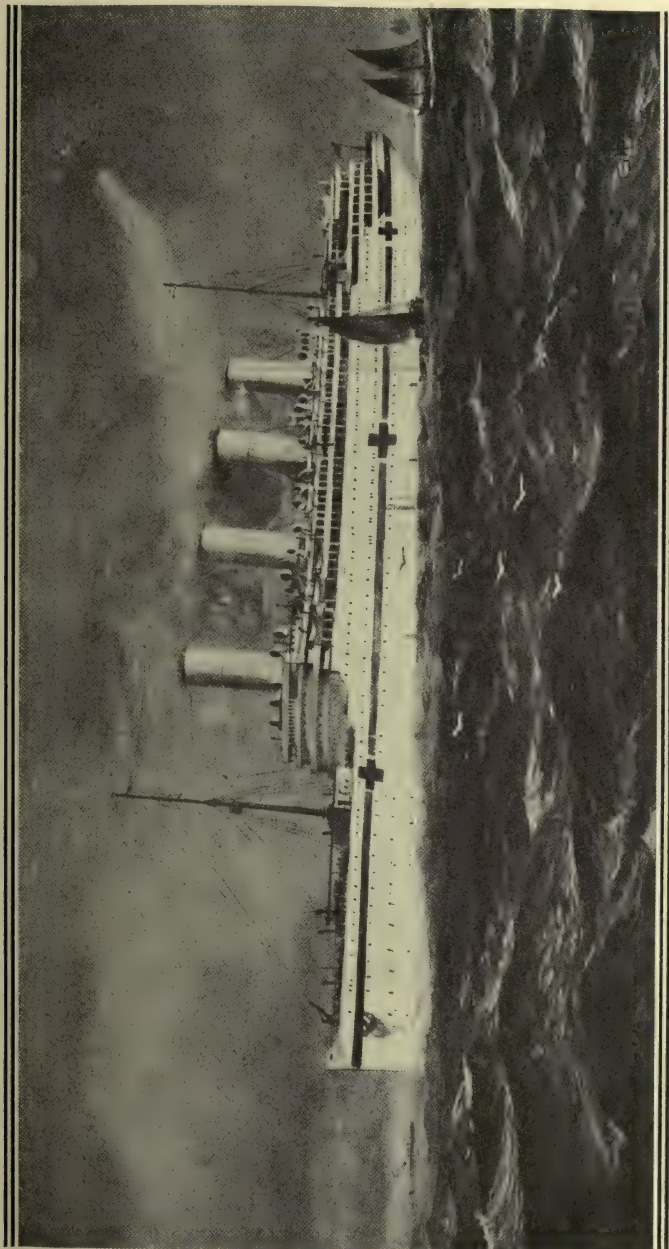
*Six hospital ships have been torpedoed or mined by the Central Powers since the beginning of the war, Thomas MacNamara, Financial Secretary of the Admiralty, stated in the Commons a few weeks ago. In consequence 247 lives had been lost and 73 persons injured.

Take one of the latest atrocities occurring during March of this year:

Thirty-one lives were lost and 12 persons are still missing from the hospital ship *Asturias*, torpedoed without warning by a German submarine.

The British hospital ship *Asturias*, while steaming with all navigating lights, and with all proper distinguishing Red Cross

*Ere going to press, the news has come that two more hospital ships have met a similar fate: The British hospital ship, "*Gloucester Castle*," torpedoed in the English Channel on March 30th, and the British hospital ship, "*Salta*," on April 10th, with a loss of fifty-two lives.



A SHIP OF MERCY.

This shows a typical hospital ship, displaying the three Red Crosses and the Green Band. These, however, will not protect her in Germany's ruthless submarine warfare.

(Courtesy of Toronto Saturday Night.)

signs *visibly illuminated* was torpedoed *without warning* on the night of March 20.

The following casualties occurred: Military—Dead, 11; missing, 3, including one female staff nurse; injured, 17. Crew—Dead, 20; with 9 missing, including 1 stewardess; injured, 22.

The torpedoing of this hospital ship is included in the list of achievements claimed by U-boats.

When the war began, many were the Pacifists; few realized the awful chaos this war was to make of the whole earth, and yet, again, others thought it would soon be over.

But step by step "*Hell was planned in Germany,*" and infamy after infamy was perpetrated at each roar of the mad Emperor as he hurls defiance at the patriotism of noble France, the brute force of the sturdy British bull-dog, the fearless bravery of our own Canadians—God bless them—the stay-with-the-game determination of the Russians, and now, at the eleventh hour, just to give Fritzle a chance to exclaim "Thou too, Brutus!", the man of the hour takes up his pen, writing on the wall of eternal destiny, "The United States is at War," not too proud to fight for liberty, justice and democracy! "Hail Columbia!" Let thy Goddess of Liberty unfurl her flag and "carry on" to victory.

Victory! as sure as God is in His Heaven, but at what a cost.

*"Master of Kings, if peace is bought with pain,
These paid the price;
Oh show Thy tortured world that not in vain
Is sacrifice!"*

145 College St., Toronto,
April Ninth.

Society Proceedings

BRITISH HOSPITALS ASSOCIATION

A MEETING of the Association was held at St. Bartholomew's Hospital, on Friday, the 26th January, 1917, when a paper by Dr. W. J. Howarth, Medical Officer of the City of London, was read on "The Treatment and Control of Venereal Diseases, with Special Reference to the Voluntary Hospitals."

The Right Hon. Viscount Sandhurst, P.C., presided, and amongst those present were the following:—Sir W. S. Church, Bart., Sir W. J. Collins, M.P., Col. Sir John Young, Rév. G. B. Cronshaw (Radcliffe Infirmary, Oxford), Messrs. F. G. Hazell (Royal Infirmary, Manchester), E. Forster (Royal Infirmary, Derby), W. H. Harper (General Hospital, Wolverhampton), C. S. Risbee (General Hospital, Northampton), A. Griffiths (Ipswich Hospital), Thomas Hayes, H. R. Maynard, R. A. Owthwaite (Hon. Treasurer), J. Courtney Buchanan, and Conrad W. Thies (Hon. Secretaries).

In opening the proceedings, the Chairman explained that the object for which the meeting had been called was to furnish information which would assist the managers of the voluntary hospitals in dealing with this important question. His Lordship expressed regret that Dr. Howarth, the Medical Officer of Health for the City of London, who had prepared a paper on the subject, was unable to be present in consequence of serious illness in his family. In his absence Dr. Sandilands, Medical Officer of Health for the Royal Borough of Kensington, had kindly consented to read the paper which Dr. Howarth had prepared.

Paper by William J. Howarth, M.D., D.P.H., Medical Officer of Health for the City of London, on "The Treatment and Control of Venereal Diseases, with Special Reference to the Voluntary Hospitals."

A considerable advance has been made in the prevention of an infectious disease when the organism on which the disease

depends has been discovered, and fundamental facts relating to its life history have been ascertained. The success which attends subsequent efforts varies; in some, no considerable obstacles block the way, but in others, difficulties, which are not easy to overcome, are encountered. In diseases in which the infection is transmitted by an intermediate host, appropriate preventive measures can generally be suggested with ease, since we are able to exercise authority over the lower orders; and the truth of this contention is clearly seen in the epidemiological history of many tropical diseases. We are also in a position to deal with environmental conditions when these contribute towards the dispersion of infection, and as illustrations I need only refer to cholera and typhoid fever; but where the disease is transmitted from man to man the greatest difficulty is experienced in ensuring that adequate precautionary measures are put into operation, since he is a free agent and the necessary supervision of his actions is a matter of impossibility.

The present position in respect of venereal diseases is that the information necessary to formulate a scheme of prevention is fully available, but the actual execution of the work is rendered difficult because of the circumstance that it is upon man himself that the success of the scheme depends. The position is not rendered easier by the fact that these diseases are contracted in a manner which constitutes an offence against the moral code of the community. Possibly, as some sort of prevention against the extension of promiscuous and illicit sexual intercourse, the community considers it necessary that the man who bears the mark of this offence shall be made to recognize his shame, and it is no surprise, therefore, that the unfortunate one attempts to hide the result of his fault or folly. Inadequacy of treatment is the direct effect of this action, since the patient often fails to obtain suitable advice, as his first consideration is privacy; he pays little attention to efficiency.

In ignorance of subsequent possibilities, he unwittingly sows the seeds of future illness both of himself and those nearest and dearest to him, and enters on a future marred by domestic misery and lifelong regrets. In brief, the centres of infection are often hidden, leaving only the future to tell the tale when help is past avail.

When the public has been educated to a recognition of the serious consequences entailed by this enforced privacy, when branded shame is at least given a chance—by no means a great concession in a community which tolerates unlabelled guilt—a great obstacle in the way of progress will have been removed. In this connection the public press is doing a work of inestimable value. It is openly referring to venereal diseases under this undisguised heading, and is writing up the subject in a manner which, whilst conveying accurate information scarcely capable of being misunderstood, avoids giving offence to the exquisitely sensitive or the ultra-refined.

It is to assist in the suppression of a disease which presents these characteristics that hospitals have recently been called upon to give their assistance.

The authority empowering this assistance is contained in The Public Health (Venereal Diseases) Regulations, 1916, Article II of which reads: “(1) Every council shall prepare and submit to the Local Government Board a scheme (a) for treatment at and in hospitals or other institutions of persons suffering from venereal disease; and . . . when the Board have approved this scheme the council shall make arrangements for carrying it into effect at the cost of the council.” “(2) All information obtained in regard to any person treated under a scheme approved in pursuance of this article shall be regarded as confidential.”

Article III provides that “(1) every council may, subject to the approval of the Local Government Board, make arrangements for any of the purposes of this order with the managers of any hospital, institution or society.” No expenditure is to be incurred until the Board have approved both the scheme and the hospital, institution, or society. The approval may be for such period, and with such conditions attached, as the Board think fit. Power is given to withdraw the approval.

An official circular signed by the Secretary of the Board and an explanatory memorandum by the Medical Officer of the Board have been issued with the official regulations and the following summary, to which are added personal comments, have been taken from these sources of information.

Character of Hospital Provision.—The arrangements require the establishment of a clinic, at which the greater part of the treatment will be carried out. There should be arrangements for evening as well as day attendances, and, in large centres, special times fixed for the attendance of women. The appointment of a woman doctor should be considered. Beds for in-patient treatment may be required, a minimum of two, one for each sex, being regarded as sufficient in many places as a commencement.

The scheme will provide mainly for cases in which the diseases are in the communicable stage. The tertiary manifestation of syphilis and the later results of gonorrhea in men and women will be referred to, and treated in, other appropriate departments. In hospitals with a maternity department, children born of known syphilitic parents and mothers found to be suffering from venereal disease in the communicable stage will be advised to attend at the clinic.

In general the clinic will be available:—

1. To assist medical practitioners in the treatment of their patients.
2. To provide treatment for patients not under medical care; and
3. To enable practitioners to consult with the medical officer in charge respecting the treatment of their private patients.

Privacy.—The observance of privacy is strictly enjoined, and this is obtained by:—

1. Using a distinctive number or letter, or both, in all records, and keeping the corresponding name and address in a separate private file.
2. Enforcing privacy on students or doctors who attend classes of instruction.
3. Making no note as to the nature of the disease on the bed card or otherwise in the case of in-patients, and
4. Allowing practitioners who send pathological specimens for examination to use a distinctive letter or number.

Staff.—An expert medical officer, who is capable of giving demonstrations, and who is well versed in the pathology and treatment of venereal diseases, to be put in charge. In large cities this will often be a member of the staff of the hospital. He will be assisted by one or more paid officers, and the appointment of clinical assistants selected from medical practitioners wishing to serve for a definite period will require consideration.

Whether the new work will be regarded as a new departure, or be attached to the genito-urinary, or skin, or other department, is a question of local concern. In some districts where the work is not considerable a special paid officer will probably be appointed, who will visit centres in different towns at times arranged.

Other Details.—Clinics will require to be furnished with appliances and apparatus and accommodation necessary to carry on the work, and in the case of the larger institutions, which are provided with laboratory facilities, arrangements will probably be made with them to carry out the examination of morbid specimens and to undertake the Wassermann test and other work. When this work is done away from the clinic, the pathologist will require to be closely associated with the medical officer in charge of the clinic.

Clinical examinations of a special character may be required and it will be to the interest of the patient, and necessary for the purposes of the clinic, that the full resources of the hospital shall be available for this purpose. Reference to special departments will easily be arranged for, as also will the transmission of the reports of these special examinations.

Authorities and Hospitals concerned.—The councils included are those of counties and county boroughs together with the Court of Common Council of the City of London, each of which is a unit for the establishment of a scheme. The regulations are issued as an emergency order, the emergency arising in consequence of conditions connected with the present war. The performance of the specific requirements are obligatory and not optional.

The establishment of special institutions to treat venereal diseases was deprecated by the Royal Commission, which sug-

gested that arrangements should be provided at general hospitals; and, in view of the fact that only inadequate provision existed, it considered that the subject should be made a State concern—in other words, it should be paid for. The regulations allow of some latitude, since the words “hospitals or other institutions” are used. Hospitals, generally speaking, means general hospitals, and the words “other institutions” are inserted more as a safeguard or in a supplementary sense rather than as furnishing an actual alternative, as there may be districts where a general hospital does not possess, or is unwilling to furnish facilities, or is prevented by constitution from doing so. “Other institutions” include, for the purpose of in-patient treatment but not for use as a clinic, (a) beds at a private nursing home, (b) beds at a cottage hospital, and (c) beds at a rescue home if suitable arrangements exist for the treatment of female patients suffering from venereal disease. This latter class of institution may conceivably have special opportunities for dealing with certain cases, and would therefore be supplementary to the general arrangements.

In the City of London the Corporation possess a special building which was originally designed for use as a hospital but which is not at the present time in full use. It was thought that this place possessed certain advantages, and that the experiment should be made of ascertaining whether it would not better meet the special needs of the City than the Out-patients' Department of St. Bartholomew's Hospital, with the authorities of which institution arrangements are being entered into by the Corporation to carry out the whole of the details of this scheme. There are only few residents in the City, and those who present themselves for treatment will be mainly members of the great body of non-resident workers who daily visit it. It seems likely that patients from this group will be glad of the opportunity to be treated in the City, away from their place of residence, and, provided circumstances are such as will prevent the patient being “marked,” the special provision may prove more satisfactory than the usual hospital routine. Even if the experiment proves a failure from that point of view, it will have served a useful purpose. No great harm will have

resulted, and subsequent transfer will not be difficult to arrange.

The hospitals with which arrangements may be made need not be situate within the area of the authority, nor need arrangements be made with every hospital therein. Where available, a hospital having a medical school attached should be included in the scheme. Special hospitals for women and children are regarded as general hospitals for the treatment of women and children suffering from venereal disease. Hospitals may make arrangements for treating cases from more than one district. Councils may only make arrangements with approved hospitals, and it is apparently the intention that only hospitals included in the schemes of local authorities will receive approval.

Approval is only within the power of the Local Government Board, and applications for approval will preferably be submitted by the local authority in respect of hospitals included in their scheme. The fact of being approved carries with it neither irksome responsibilities nor unreasonable interference. The conditions of approval are laid down by the Board, and these generally will provide only for inspection of the institution by medical inspectors of the department and for keeping of simple records.

One of the most important principles in connection with the scheme is that facilities should be available for any person irrespective of place of residence, and to give effect to this the Board will repay 75 per cent. of the cost of the schemes to the local authorities. It may happen, however, that an approved hospital may, for some reason, attract patients for treatment from a district which has no arrangement with the hospital. It is hoped that a hospital will not refuse treatment to a patient because an arrangement does not exist. If such patients applying for treatment are only few in number, probably little regard will be paid to the fact by the authorities; but it is distinctly stated in the circular letter of December 22nd, 1916, that it is the intention of the Board that councils should repay to the authorities of approved hospitals the cost of the treatment if any considerable number of attendances have been made by these patients. The facts should be communicated to the Local

Government Board at the end of the year, when consideration will be given to the circumstances, and the Board will decide whether the case is one in which a council which has no agreement with the hospital authorities should contribute towards the cost, and what contribution should equitably be made.

An approved hospital should therefore keep accurate records of attendances of patients from outside districts if the authorities intend to apply for such a contribution. It does not appear that payment will be made to hospitals other than those approved and included in a scheme. If a hospital has not been so included but considers that sound reasons can be shown why it should be, the facts should be communicated to the responsible Medical Officer of Health. If no arrangement is then come to, the Local Government Board might reasonably be supplied with the information for their consideration. As regards London, I presume that the scheme is now complete, and any extension of approved hospitals will only be a matter for consideration when the scheme is under revision next year.

Basis of Payment.—In general, the basis of contribution to the hospital will be an amount which will cover the costs incurred in carrying out the scheme of the authority and no more. It is a difficult matter to adjust financial arrangements so accurately except, perhaps, as regards beds. The beds reserved will probably be paid for at the rate per bed of the ascertained annual cost, and additional beds in temporary occupation at the daily rate for each day they are occupied. For work done at the clinic *per capita* payments, or block grants are available. Charges based on the actual number of visits are rarely satisfactory. The block grant always appeals to me as the better arrangement in matters of this kind, and an agreement by a local authority to guarantee a maximum with the proviso that if the expenses do not amount to that agreed, only the amount of expenditure actually incurred to be paid, meets the requirements. This method is suggested by the Board and as the initial arrangements will exist for only a limited period, revision will soon be possible in the light of experience gained. No great financial risk will be incurred by either hospital or local authorities.

(*To be continued.*)

War Hospitals

WHITBY MILITARY HOSPITAL

MUCH criticism has been leveled lately at the Military Hospitals Commission concerning the treatment of returned soldiers, and complaints have been made that the life in some of the Ontario convalescent homes was not conducive to recuperation. In some cases it was said that life was so lonely it was beyond human endurance, in others that the systems in operation showed a lack of efficiency on the part of the officers in command, and in the majority of cases that sufficient amusement and recreation had not been provided to brighten the period of convalescence. Whitby Convalescent Home has not escaped these charges, but it is doubtful if, after a visit to the Home, and a careful inspection of the methods employed in the institution, these critics would endeavor to sustain their allegations.

True, there is not in Whitby the large theatres that are found in the cities where the men could be treated to the various forms of entertainment, but the home has many features in rebuilding of war veterans that are not to be found in the larger centres. It is first and foremost a convalescent institution, conducted along lines that are acknowledged to be in the interests of the invalid. Its location is ideal, overlooking Lake Ontario, and the general structure is admirably adapted to its present purpose. Fresh air and wholesome and pure foods, which play a great part in assisting nature are in abundance, and it would be safe to state that in no other part of the world can be found better systems of cooking and ventilation.

Theatres there are not, but recreation of almost every form which can be indulged in at this season of the year is provided. Moving picture entertainments are conducted three times weekly, and the latest films of drama and farce, eighteen in all, are supplied by the Universal Film Corporation. On an average concerts are held five times a week, and first-class talent

selected from the men themselves, and Toronto, Whitby and Oshawa artists make up the programme. All is free to the men. Besides, games of all kinds are supplied, and reading material selected from the works of famous authors, and the leading magazines are at the command of any inmate.

The system in vogue at Whitby is not confined to the work of returning health to the body and mind of the veteran, but the fitting of the discharged man to take his place in the industrial life of the community is also an undertaking of the institution. Whatever may be the disabilities of the men confined to the institution, a thorough training in the trade or profession suitable to his condition will be provided. And the aim is that in every case the man will be enabled to follow a more profitable occupation than that which he gave up to fight for Canada and the Empire.

And the officer in charge of Whitby Home is a man who has been through the fight with the men placed in his care, Capt. Ward Wright, of the famous Third Canadians. Capt. Wright returned to Canada in December last, after being seriously wounded in the battle of Courcellette, where his battalion made the last great stand, won fresh laurels and the town for the Canadians. The Third Canadians, a Toronto battalion, relieved the famous fighting Frenchmen of Quebec, the 122nd Battalion, who returned back of the lines, with a wounded commander and about fifty men, all that were left of those dour fighters after one of the bloodiest battles of the Somme campaign. Capt. Wright was wounded in the body and right knee while leading a charge, and for some time he was in a critical state. He is a very efficient officer, always anxious of his charges, and is held in great affection by the inmates of the Home. "Capt. Wright! Why, he's a real prince," is how one of the veterans tersely summed up the character of his commanding officer. And when one has met the genial commander the noble tribute does not seem undeserved or flattering. Under Capt. Wright is a very efficient staff, including Lieut. John Hirsch, Adjutant, who was wounded while serving with the 7th Battalion in France; Capt. V. H. Storey, C.A.M.C., Senior Medical Officer; Lieut. E. A. Broughton, C.A.M.C.; Capt. H. L. Nicholson, Vocational Adviser; Capt.

H. J. Hodgson, C.A.D.C., Dental Officer; N. L. Burnett and J. F. Phillips, Vocational Instructors.

Whitby Convalescent Home is controlled by the Military Hospitals Commission, and was built by the Ontario Government as a hospital for the insane. When the great need for accommodation for returned soldiers was felt by the authorities it was turned over to the Commission by the Province. The complete plan of building contemplates seventy-two cottages, ten of which are now complete, and in use for the veterans. Eight cottages and a central dining hall and power house form the group. Five of the cottages accommodate 64 patients each, and three 58. The cottages now in use have accommodation for 450 patients, and at the present time are treating 208 men. The infirmary belonging to this group is now in course of erection, and will accommodate 200 cases. Approximately 100 workmen are employed on the building of another group of eight cottages, with an infirmary and central dining hall attached, and when completed in the fall, will have provision for 1,200 patients. Most of the work and furnishings were carried out by prisoners at the Guelph farm, in keeping with the policy of former Provincial Secretary Hanna, and Deputy-Minister Armstrong is responsible for the installation of the modern systems and conveniences which feature the Home.

The main group of buildings is placed on a wide gentle slope, and is fanned by the health-giving and exhilarating breezes of Lake Ontario. Close to the water's edge it has the added advantage of a southeastern exposure. From the location of the Home extensive views can be had of the lake to the south and Whitby Harbor to the east. The extensive grounds lend themselves to the cultivation of tree-shaded avenues, and the planning of athletic games and pastimes of outdoor life. And being a considerable distance removed from the smoke and noise of an industrial hive, it has the quiet atmosphere and character required but seldom obtained by institutions of its kind.

The hospital of nursing and treatment is being carried into all the cottages, while the cottages for patients have none of the common institution appearance and atmosphere, but are of the domestic type of architecture, though still internally a hospital

in character and arrangement of wards, single rooms and treatment rooms. The buildings are placed in a peculiar, yet purposeful manner, and are constructed so that all the wards and rooms occupied by the patients receive direct sunlight at some period of the shortest day.

It is considered that the orientation of hospital buildings is of the very greatest importance when remembered that in winter it is very necessary to admit the direct rays of the sun into the buildings, because of the low temperature outside not permitting the opening of the windows.

Noteworthy is the absence of drab neutral colors so characteristic of hospitals, while no costly ornamentation is used in the general effect of the harmonious tints. A homelike appearance is given to the interior by the combination of tan, delicate green and ivory on the walls and ceilings, together with the warm red tile and the brown battleship linoleum on the floors. Relief is given by the bright patterns and colors of the window draperies.

This effect is aided by the simple lines of the solid fumed oak furniture with their daintily trimmed cushions. The domestic character is maintained by the manufacture of the furniture which is strong and substantial without being cumbersome.

All the patients from the cottages take their meals in the central dining hall, and every occupant of a certain cottage must dine in the room corresponding so that location is maintained at all meals. Much care and thought has been given to the kitchen and its equipment. Experts in this special branch of hospital and hotel work have declared that it is superior to anything of its kind on the continent. What first strikes the visitor to this department is the remarkable simplicity of the structure, and in this manner it is distinguished from work carried out elsewhere. Marked is the absence of piping hoods and lighting fixtures between the top of the cooking apparatus and the ceiling, showing a valuable improvement along this line.

The kitchen is conducted on the steam system of heating, eliminating all possible contamination of the food by smoke and dust, and preserving the nutrient elements. In the cabinets

are cooked simultaneously meats, fish, potatoes, puddings, and all kinds of vegetables, independent of each other. Six huge kettles having a capacity of fifty gallons are used in the making of soups, preserves, and liquid foods, and are fitted with hot and cold water taps with vapor pipe for the removal of smell. Without the mechanical ventilation system in operation it is possible for the visitor to stand in the kitchen and scarcely be able to realize there is a meal in preparation.

The low pressure of steam on all the cooking equipment, and the down draught method of removing vapors from the kettles and smoke from the range have eliminated all odors. The tables are of steel, heated by steam, and used for carving and the heating of plates. Stretching across the kitchen is the range system, with three large ovens heated by coal, but minus a chimney. The smoke is conducted underground to the wall behind, and then up the smoke stack.

The equipment in use in the scullery and services embraces many new sanitary features not previously found in standard goods of this nature.

All the food enters the building at the rear, and is taken to the basement, where it is prepared and sent by dumb-waiters to the kitchen to be cooked. Fish is cleaned and potatoes are washed and peeled by electricity with the least possible waste. And all kinds of dishes are placed in the huge washers, treated by steam and finished in hot water, and are thrown out clean and dry on the hot steel tables without hands having touched them. They are then placed in position on the shelves and are ready for service.

Novelty is introduced in the cold storage system by the method of obtaining the cold air supply. Ice and salt are used in mixture, and by the placing of rock or liquid calcium in close proximity the cold air is forced down upon the food in storage, or to the kitchen as required. Another remarkable feature of the kitchen is that it is one of the coolest sections in the buildings.

The food is taken to the dining halls on double shelved wheeling tables, and hundreds of men can be served in a few minutes by the twenty orderlies.

Praise is found on all sides for the quality of the food,

which is wholesome and nutritious and prepared by expert cooks under the supervision of Benjamin George Fields, a young man of wide experience in the culinary art, and who, previous to taking charge of the kitchen at the Home, was chef at West Queen Street Hospital for the Insane for eight years. He has charge of all food preparation, with the exception of that for tray patients, which is made by the diet kitchens in each cottage.

Breakfast consists of cereals, milk, sugar, bacon and egg, bread and butter in unlimited quantities, and tea; dinner is of soup, roast beef, potatoes, various kinds of vegetables, milk pudding or pie and tea, and supper of sliced cold meat, chili sauce, fried potatoes, bread, butter, tea, fruit and cake.

In one day the kitchen consumes 320 pounds of milk, obtained from the 150 head of cattle on the hospital grounds; 250 pounds of beef, 300 pounds of potatoes, 200 pounds of vegetables, 2 bags of apples, 50 pounds of fruits, 20 dozen eggs, 150 pounds of bread, 30 pounds of sugar, 5 pounds of tea, 10 gallons of milk pudding and 10 pounds of peas.

The chef is guided by the standard clock checking system, which shows the amount of steam used in cooking, and the cost of preparing each article.

In an emergency the kitchen could prepare and place on the table a dinner for two hundred men in half an hour. There are no garbage cans used in the building, and all waste is placed in a huge kettle and boiled to a jelly, sterilized and sent to the piggery in connection with the Home.

Sergt. Barlow, a returned soldier, is in charge of the orderlies.

Capt. H. L. Nicholson, former chaplain of the Buffs' Battalion, is the vocational guidance officer, and represents the Y.M.C.A. in social and athletic work. He plans to fit the disabled men so that they can go back to civil life as producers. A man who worked at carpentering before going overseas, but who is unable to continue in that capacity will be taught mechanical drawing, which will enable him to obtain a position as foreman in construction work. Men who have been deprived of an arm or a leg will be induced to take up telegraphic work, and others will have their elementary education toned up and

prepared for the civil service. Bookkeeping, shorthand, typewriting, and all those professions and trades covering every phase of industrial life will be taught. "In fact, everything but a parson," says Capt. Nicholson.

On the grounds farming will be taught, and the men encouraged to take up the cultivation of the soil. When the men arrive at Quebec, a report is made of their former employment, and the degree of their disability. In this manner the Commission is advised as to the best employment suitable to certain cases.

In athletics it is proposed to form a baseball league among the eight cottages, and to interest the veterans in football, cricket and tennis. Aquatic sports will also be taken up, and with the fine opportunities presented by the splendid harbor there are hopes of many exciting skiff, dinghy and swimming races.

At present there are two billiard tables installed in the Home, and they prove a source of great enjoyment and pastime to the men. Even one-armed men have become expert in the art, and a battle between incapacitated guests is one of the events of the day. Two more tables have been accepted from the Great War Veterans' Association of Toronto, which has notified Capt. Wright of the intended gift.

Writing material is supplied by the Y.M.C.A., and every facility for communication with friends is given. Or if the men desire to spend an evening with friends in Oshawa or Whitby they are readily given permission by the commanding officer.

Each cottage is fitted with a bathroom of three showers and a tub, and has the thermostat control. They are finished in white tile. A dispensary is provided for each ward, and diet kitchens are conveniently situated for the preparation of light foods for tray patients. All cooking in these kitchens is done by electricity. The ventilating system is perhaps the most advanced of any installed in buildings of recent planning. It is controlled from the central power station, and gives a change of air to all the cottages every ten minutes. The lighting of the Home is operated with keys so that tampering with the lights is prevented.

Massage and electric treatment are in advanced stages in

the Home, and real benefits are derived by men suffering with stiff joints and similar physical afflictions. Those who receive the most continuous treatment are men who have lost a leg or an arm. More accommodation for the more serious cases will be supplied when the infirmary is completed, which will be in a few weeks. It is a two-storey building, with four wards and a number of rooms. The operating room was delayed in completion because of the shortage of coal.

The infirmary is stairless, ramps having been substituted for steps, which allow easy and undisturbed conveyance of patients to the surgical department.

A day in the life of an inmate of the Home is: Rise at 7 a.m., breakfast at 8, then "stand-to" parade for inspection of the institution by Capt. Wright at 9.30. At 10 o'clock the men are turned over to the vocational instructors and medical staff. Dinner is served at noon, parade at 2 p.m. for vocational training, instructions ending at 4.30. Supper at 5, after which the men are free until 9.45, when the first post is sounded, and the last at 10.15, with "lights out" at 10.30.

Societies of Whitby and Oshawa have interested themselves to a large extent in the comforts of the men with the result that more than fifty cushions and many games have been received.

The men speak highly of the treatment, and the conditions in the Home. Many of them say they would not change places with the men in city institutions, and appreciate that while the latter may have access to more theatres and places of amusement, they have not the benefits of the healthy environment of the cottages of Whitby. The members of the staff also recognize that the men who risked their lives in defence of right and liberty are deserving of the best that the country can provide to brighten their lives and return them to civil life a credit and not a charge to society. That the Military Hospitals Commission in Whitby at least, is striving toward this end can be seen by anyone who takes the trouble to investigate conditions in that institution for his own conviction. But, in the words of one of the returned men, referring to critics of the institutions: "Some people are never satisfied, no matter how things go, and are never happy only when they are 'knocking' someone or something."

THE HOSPITALS COMMISSION

MEMBERS of the Hospitals Commission, including Sir Henry Pellatt, Mr. W. K. George, Mr. S. A. Armstrong, and Mr. G. I. Riddell, conferred with the Board of Control of Toronto on April 4th with reference to the establishing of Convalescent Homes for soldiers in the city.

Mayor Church explained that the object of the conference was to see if accommodation could be provided inside the city for returned soldiers that is now being provided outside. He thought that it was desirable that the Toronto soldiers should be near their homes so that their friends and relatives may visit them if they desire. Mr. W. K. George intimated that it was the desire of the Commission to co-operate as much as possible with the city. "I would turn over the Technical School to the Commission," said Mayor Church. "The salaries at the Technical School are about \$350,000 a year. The Y.M.C.A. should be turned over to the Commission. The churches should also be turned over to the Commission. In England many of the churches have been turned over to the Hospital Commissions." Dr. Hastings and Property Commissioner Chisholm reported that the new Jesse Ketchum and Park Schools could be fitted up as hospitals. "As a medical man, would you favor turning Jesse Ketchum School over to be used as a hospital?" asked Mr. Armstrong. "What would be the objections?" asked Dr. Hastings. Mr. Armstrong explained that the building was not plastered, and the floors were only temporary floors laid by the Militia Department. "Those are not serious objections," reported Dr. Hastings. "From an esthetic standpoint those conditions would not be desirable, but from a sanitary standpoint the school would be very suitable." Mr. Armstrong differed with Dr. Hastings, and said the school could not be very well fitted up as a hospital. He raised the similar objection to the use of Park School. Mr. George said there would be no finer hospital than the one in Davisville when it is completed. There would be beds for 300 patients. The hospital would be completed in a few weeks. Mr. Armstrong explained that there were only convalescent cases coming to Toronto. For primary cases there were 300

beds available at the General Hospital, but the hospital could not handle convalescent cases. Mr. George reminded the Mayor that out of 25 buildings visited by Dr. Hastings and Property Commissioner Chisholm only two schools were suitable. The Mayor wanted to know why there had not been a report on the Exhibition buildings. "We did not think the Exhibition buildings would be available all the year round," said Dr. Hastings. "They are all available for the Hospitals Commission," said the Mayor. "The Women's Building could be turned over as an hospital." Mr. Armstrong said the Commission would never agree to use the Exhibition buildings during the Exhibition. Men suffering from shell shock could never endure the noise, and the building would be turned into an insane asylum. Controller Shaw said it had been made clear by the members of the Commission that they had all the accommodation that they needed at the present time. "They won't have enough accommodation if the men keep on returning as they have recently," said the Mayor. Controller Cameron said his feeling was that the city should be in the position to co-operate with the Commission as much as possible, and place at their disposal any buildings they may require. "It is not that we have to care for men in their beds as much as we have to care for men outside," said Controller Cameron. Mr. George pointed out that if men were going to be returned to civil life in a proper condition they could not be accommodated in any kind of buildings. Mr. Armstrong said it was the intention to establish a central building for the insane. He said he was glad to state that there were not many insane. "Thank God for that," said Controller Cameron. "Many of the insane are men who have never been to the front," said Mr. Armstrong. "They are men who were in certain institutions in Ontario before they enlisted, but they went to pieces under the strain in England." The members of the Commission had nothing to suggest to improve the present organization, and the suggestions offered by the Mayor were not entertained seriously by the Commission. When the Commission left the room, the Mayor complained that the Commission had been invited by one of the members of the Board, but no case had been prepared to present to the Commission.

Hospital Items

INCREASED HOSPITAL ALLOWANCES

TORONTO'S controllers appeared surprised recently when told that the city now pays about half a million dollars a year to the various hospitals at the rate of a dollar per day per "free" patient. The Board decided to oppose any increase of this rate by the Government.

Yet, since the rate per patient has been the same since 1913, the increase in aggregate payments since that date can have been due to only one cause, namely, that the city has been sending more "free" patients to the hospitals. Those in touch with social welfare work know that patients are not sent to hospital unnecessarily; that human lives are continually being saved by taking people out of utterly unfit home surroundings and giving them proper treatment, and that the waste which comes from unemployment, as well as the actual suffering involved by sickness itself, is ameliorated by hospitalizing a greater number of cases, according to modern practice. The city is putting into the hospitals more and more patients who do not pay their way; some pay in part, others not at all. Naturally the city must expect to pay more each year for their upkeep, even if the rate per patient remains the same.

BUT if the city's gross outlay increases with the number of cases hospitalized, what about the outlay of the hospitals? If the city's dollar a day pays for the upkeep of the patient, well and good. If it doesn't (and this is unfortunately the case), the deficit of each hospital also increases with the number of city patients sent to it. So when the controllers remember the increase in the city expenditure, they should also remember that the burden on the hospitals is increasing in like measure.

If a dollar a day per patient was the right amount for the city to contribute in 1913, is it an adequate amount for the city to contribute to-day? That is what the city must ask itself, and it seems impossible to answer in the affirmative. Some materials and foods have increased from nineteen to twenty per cent. in the past five years; others as high as three or four

hundred per cent. This affects the hospitals exactly as it does the individual, with this difference, that the healthy individual may safely stint himself, while the hospital must serve the purest of food and make the utmost reasonable provision for its patients if it is to accomplish the purpose for which it was established. And it must buy drugs. In the past few years some drugs have increased one thousand per cent. in price.

It all simmers down to a question of what would be an adequate grant if a dollar is not. A large deputation recently asked the Provincial Government to make the municipalities pay \$1.50. There is need of an augmented grant from the Province itself. It has been paying 20 cents per patient per day up to a term of 120 days in hospital and 7 cents per day thereafter. The deputation asked for a straight 40 cents. That figure also may seem high, but the 20 cents is unquestionably low. Some of the Government's new revenue from mining taxes might well be applied to increasing the rate. Certainly the Province cannot ask the city to do better unless it does better itself.

There is a further question which arises out of the hospital situation in Toronto: Is the time coming when a commission should co-ordinate and control all the hospitals of the city; locate new hospitals where they are needed; buy for all hospitals through one purchasing department; distribute the medical staffs advantageously? The most economical unit seems to be one of about four hundred beds, but there can be no systematizing of units under separate management, nor can overlapping of services be eliminated. The problem is to centralize management without eliminating that private beneficence which has meant so much to Toronto hospitals in the past. It may be a difficult problem, but it should be capable of solution.

* * * * *

Since the above was put in type, the Government have increased the Provincial grant 10 cents per day per patient and granted the necessary legislation whereby the municipality will pay \$1.25 per day instead of \$1.00 as before. This should materially assist in reducing the usual annual deficit in our hospitals.

THE CITY OF TORONTO GRANTS TO HOSPITALS

THE following is the table of city grants presented to the Board to-day, the 1916 total having apparently fallen short of 1915, in part, because there was more money in the humbler homes in that year, and less demand for free treatment:..

	1907.	1915.	1916.
Toronto General	\$18,433	\$129,886	\$85,252
St. Michael's	12,925	76,051	57,060
Grace	3,548	17,516	13,575
Western	5,014	44,958	29,079
St. John's	174	1,641	1,230
Women's College	765	2,099
Hillcrest Home	1,203	1,678	1,274
Sick Children's	10,000	62,652	79,333
Gravenhurst	2,008	51,814	53,982
Weston	7,003	100,532	91,399
I. O. D. E.	9,039	10,423
Hospital for Incurables	4,000	35,905	32,781
Totals	\$64,310	\$537,944	\$445,755

BRANT HOUSE NOT FOR HOSPITAL

It was announced last month that the Brant House would not be taken over as a military hospital by the Military Hospitals Commission, as announced. The hotel authorities claim that after alterations were made for the hospital it could not be used again as a hotel, but the military authorities state that the rent was raised from \$6,000 to \$12,000.

This does not mean that Hamilton will not have a military hospital, for the Westinghouse building, in the southwest end, recently vacated by the 164th Battalion, will probably be taken over. Elsinore, at the Beach, might also be taken over.

WOMEN'S COLLEGE HOSPITAL

THE auxiliary of the Women's College Hospital and Dispensary held its annual meeting, when plans were made for a busy summer and autumn. An extension of twenty beds is to be added to the hospital on Rusholme Road in the fall and the auxiliary has undertaken to supply the linens. The election of officers resulted in the unanimous re-election of the following: President, Mrs. A. E. Kantel; Recording Secretary, Mrs. W. H. Baker; Corresponding Secretary, Mrs. J. G. Marshall; Treasurer, Mrs. J. L. Trethewey.

A NEW MEASLES HOSPITAL

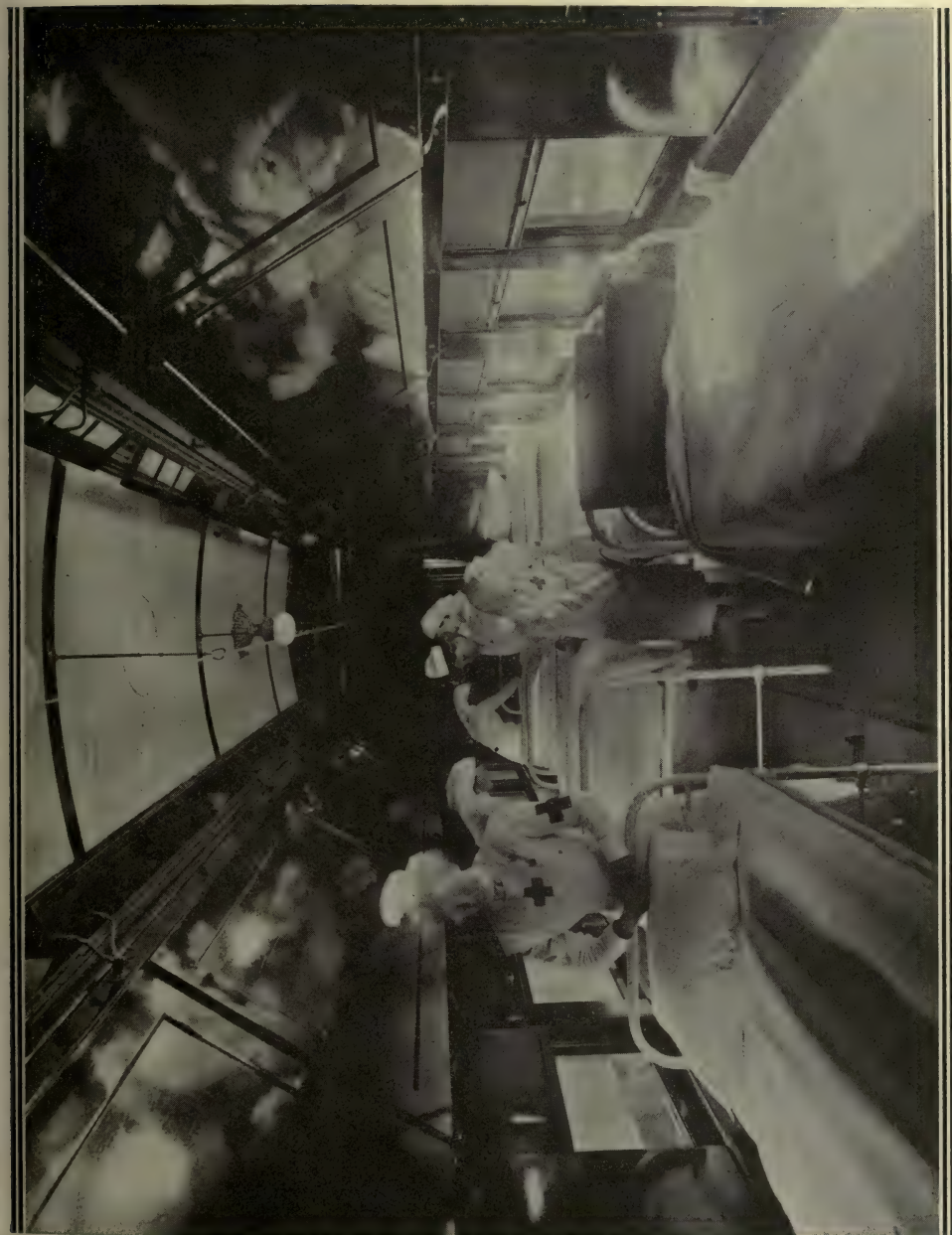
A SPECIAL hospital for the treatment of whooping cough and measles was recommended by Dr. Hastings, M.O.H., at the regular meeting of the Board of Health, City Hall, Toronto, on March 14th. The location for the proposed building is on the western portion of the Toronto jail grounds.

NEW HOSPITAL CARS FOR CANADIAN USE

THE C.P.R. has completed for the Military Hospitals Commission six new hospital cars of the most efficient and hygienic type. In addition to the plans approved of by the Director-General of Supplies and Transports, the railway included innovations which were found valuable by the French and British railways in transporting troops from the front.

There are three units of two cars each. Each unit is known as a composite car, containing six cots for officers and nurses and accommodation for fourteen patients. There is a kitchen attached to enable the preparation of food for patients.

(See opp. page.)



INTERIOR OF ONE OF THE C.P.R.'S HOSPITAL CARS.

(Courtesy of Toronto Saturday Night.)

THE 1,000-bed hospital being established at Kingston, Ont., for convalescent soldiers will be commanded by Lieut.-Col. W. T. Connell, Professor of Bacteriology in Queen's Medical College, who served at Cairo with Queen's Stationary Hospital.

E. W. SNIDER, ex-M.P.P., of Kitchener, made a generous donation for an endowment to Kitchener-Waterloo Hospital Board on March 13th, when he presented two \$1,000 debentures of the town of Orillia, bearing interest at the rate of five and a-half per cent. The interest is to be used for maintenance. The donation was gratefully received by the Board. This is the second contribution this year, a legacy of \$2,000 having been provided in the will of the late Ward H. Bowlby.

THE city is taking immediate steps towards founding the proposed institution for feeble-minded children on a site near the Municipal Farm at Thornhill. The different societies, etc., interested in this work were represented in a delegation which appeared before the Board of Control recently.

As soon as the legal formalities in connection with the recent legislation have been gone through the Board of Control will take the matter up.

A NEW camp for Canadians, established in Kent, is now holding an army greater numerically than the total enlistment from several individual Provinces. They were put there suddenly. The first need was to establish hospital accommodation. In less than two weeks there was fully established a system of hospitals and convalescent camps, although when the army first moved into this district the nucleus of the hospital system comprised a bare office, two chairs and a kitchen table. The normal average sick in camps at this time of the year is about three per cent. The medical officers of the new camp are Lieut.-Col. H. M. Robertson, Capt. J. R. Gordall, Major A. C. Jost, Capts. W. J. Mackenzie, L. L. Stanfer, J. D. Chisholm, W. E. Guest, N. M. Harris and D. W. Grant.

DURING the year 1916, patients to the number of 136 were treated in the Lady Minto Hospital, Cochrane. Eight deaths occurred.

THE plans for an Isolation Hospital, to be built at Windsor, are in course of preparation, and will be laid before the City Council, with a strong recommendation that such a hospital be built in the near future.

THE new armory at St. John, N.B., which was completed just before the commencement of the war, has been taken over by the Military Hospitals Commission and converted into a hospital of five hundred beds.

THE National Sanitarium Association recently announced that their new forty-bed pavilion at the Muskoka Free Hospital would be opened shortly. This pavilion was constructed last fall, but owing to shortage of coal and help the opening was delayed.

THE annual meeting of the Board of Governors of the Brandon General Hospital took place on January 15th. During the past year 1,900 patients were admitted to the hospital, which was occupied to its full capacity throughout the year, and at times overcrowded. From a financial standpoint, the year 1916 was a good one.

It was decided at the annual meeting of the Hamilton Hospital Board that as the new hospital, which will be completed next May, will not be filled for some time, the rooms not required immediately should be lent to the Hospitals Commission for the accommodation of returned soldiers. It was reported at this meeting that during 1916, 6,849 patients had been admitted to the hospital, or 957 more than during the previous year. The number of patients treated in the public wards and the outdoor

department was rather less than in 1915, due no doubt to improved conditions among the poorer classes.

No. 4 Canadian Casualty Clearing Hospital has been transferred from Shorncliffe to Ramsgate.

SUBSCRIPTIONS to the amount of over \$20,000 have been received towards the \$35,000 required for the Military Hospital which it is proposed to build at Vancouver.

THE Medical Board to examine recruits at the Sudbury Mobilization Centre has been approved, and will consist of Lieut. H. M. Torrington, President; and Lieut. W. Dales and Lieut. W. R. Patterson as members.

AT a meeting of the Board of Directors of the Vancouver General Hospital, on January 25th, communications were read from a number of hospitals in the Province referring to a convention of the hospitals of British Columbia which it is proposed to hold in the near future. The matter was referred to the incoming Board for further consideration.

MR. F. J. WINSLOW, of Guelph, has been made Assistant Director under the Military Hospitals Commission, to look after the business side of the Commission's affairs. He will have charge of the institutions at Toronto, Hamilton, Whitby, Cobourg, Kingston and other places, superintending the business details in connection with the property, the commissariat and the artificial limb factory. The appointment is in line with the Commission's policy to decentralize the organization and administration of its affairs. That will be done by placing an Assistant Director in charge of various districts in which the work is divided.

CAPT. W. W. WRIGHT is attached to the Westcliffe Hospital in Folkestone.

CAPT. J. S. MCCALLUM, of the A.M.C., has been permitted to resign his appointment at the Base Hospital, with effect from the 6th of March.

DR. ARMSTRONG, of Kingston, Ontario, has been appointed house surgeon of the Regina General Hospital, in succession to Dr. de Martini.

CAPT. SCRIMGER, V.C., C.A.M.C., of Montreal, is now at the headquarters of the Canadian Medical Services in London as Examining Officer for the Medical Board.

LT.-COL. W. M. HART, C.A.M.C., of Regina, who was a prisoner in Germany for some months, is now attached to the staff of the Granville Special Canadian Hospital at Ramsgate. Major Robert Wilson, C.A.M.C., of Montreal, is also on the staff of that hospital.

CAPT. (DR.) W. E. STRUTHERS, Chief Medical Officer of the Workmen's Compensation Board, was honored, on April 5th, by the members of the Board and staff in the presentation of a typewriter. The occasion was Capt. Struthers' expected early departure with the Bantams' Battalion, of which he is Medical Officer. The presentation took place in the Board's offices in the Normal School, the chairman, Mr. Samuel Price, speaking on behalf of himself and the other members of the Board, Messrs. A. W. Wright and G. A. Kingston, and the staff, all of whom were present. Dr. Struthers made a suitable reply.

WOMEN'S WORK IN WAR-TIME

ONE already begins to realize in a dim way that out of this terrible war there may emerge a world which will be in some ways better than the old one. "Things will never be the same again," we sadly say, but it is not impossible that a time will come when we shall look back on the old days of wasted effort and lost opportunity. It will be a new world, a world of changed view-point, perhaps of greater appreciation for each other's work.

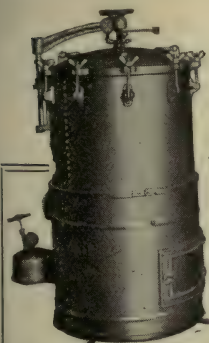
A change of attitude is already evident in the way in which the average man regards the work of women. Here in Canada the granting of the suffrage to the women of Ontario is significant. It is a recognition of their rights which they have gained without noise or disturbance, simply because, as an indirect result of the war, people have been brought to a better realization of woman's capabilities.

It was the Crimean war which gave Florence Nightingale the opportunity to prove to the authorities, who were indifferent and sceptical, that women could be useful even on the field of battle. The world has moved since those days, but it may well be that through the present war, the public's opinion of women and women's work will show a greater contrast of increased appreciation.

Never was there a time when women had more opportunities, and they are proving equal to them. Hospital work still comes first, and how splendidly are the nurses performing their duties! From matrons down to V.A.D. "freshies," their devotion to duty is the admiration of the world.

This has long been woman's special sphere, but the value of it was never sufficiently appreciated in the old days. The same recognition of faithful service might well be extended to other and more ordinary spheres of woman's work.

How few of us, for instance, as we smoke our cigarettes, stop to think of the many women who are engaged in the manufacture of cigarettes in Canada. Mention has often been made of the great work that women are doing in munitions plants, but the cigarette girl should get some credit too, for the individual soldier needs his cigarette just as much as the artillery need shells.



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WHAT HOSPITALS SAY ABOUT "NATIONAL" Sterilizers

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State University of North Dakota, University, N.D.

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Book Reviews

Orthopedic Surgery for Nurses. By JOHN McWILLIAMS, BERRY, M.D., Albany Medical College, New York. W. B. Saunders Co.

This little book of 100 pages is an excellent text-book for nurses. It outlines clearly the essentials of the pathology, symptoms, diagnosis and treatment, and is excellently illustrated. It has the virtue of brevity, while containing all that it is necessary that a nurse should know regarding orthopedic surgery, outside of practical experience. Many training schools have already adopted this text-book, and it can be safely recommended for all undergraduate nurses.

A Chemical Sign of Life. By SHIRO TASHIRO, Instructor in Physiological Chemistry in the University of Chicago. University of Chicago Press, Chicago, Ill.; 1917.

This monograph, written by a member of the staff of the Department of Physiological Chemistry of the University of Chicago, is "an attempt to apply facts discovered during the study of the physiology of nerves to living processes in general."

The chemical changes in nerves which occur during functional activity are detailed, and a very delicate method given for estimating such chemical changes. The passage of nerve impulses results in the liberation of carbon dioxide. The accurate quantitative determination of small quantities of carbon dioxide are made by means of the biometer. The method of using this is described in detail.

This little book presents many interesting facts regarding fundamental life-processes of great significance and interest. To the physician who is endeavoring to keep abreast of recent work in physiology and physiological chemistry, it can be cheerfully recommended.

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SHELDONS, Limited, makers of the Keith fan for ventilating and other purposes, are very busy. They have been running night and day for the past fifteen months. This firm has recently secured the contract for ventilating equipment for St. Joseph's Hospital, Hamilton, which consists of three special Keith fans with direct connected motors. While the Canadian trade in ventilating equipment has been rather quiet since the war began, owing to there being so few large buildings erected, still this firm is getting their share of the business, and in the past few months have received orders for quite a number of fans for export.



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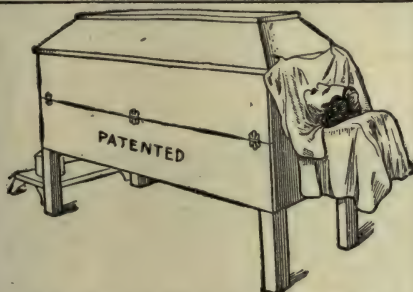
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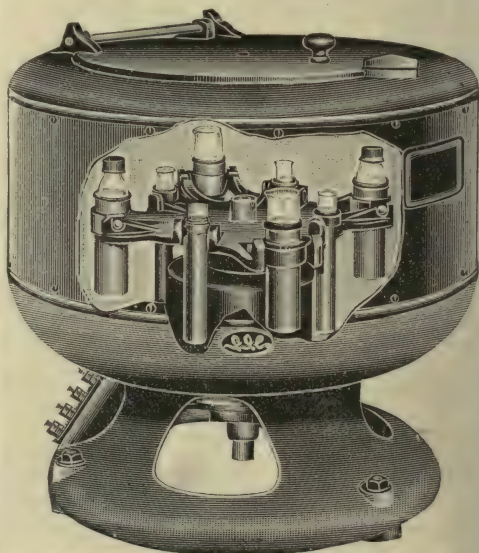
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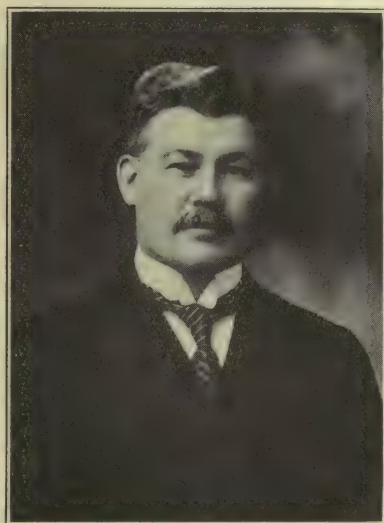
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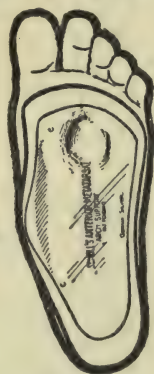
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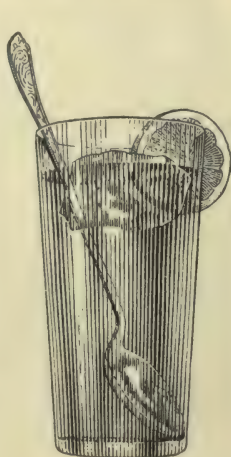
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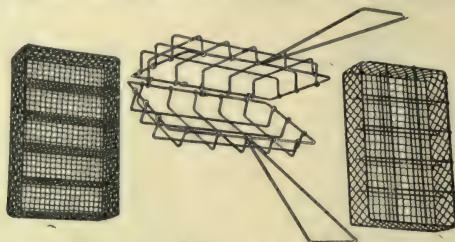
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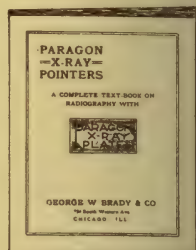
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THE HOSPITAL WORLD

Vol. XI (XXII)

Toronto, June, 1917

No. 6

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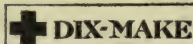
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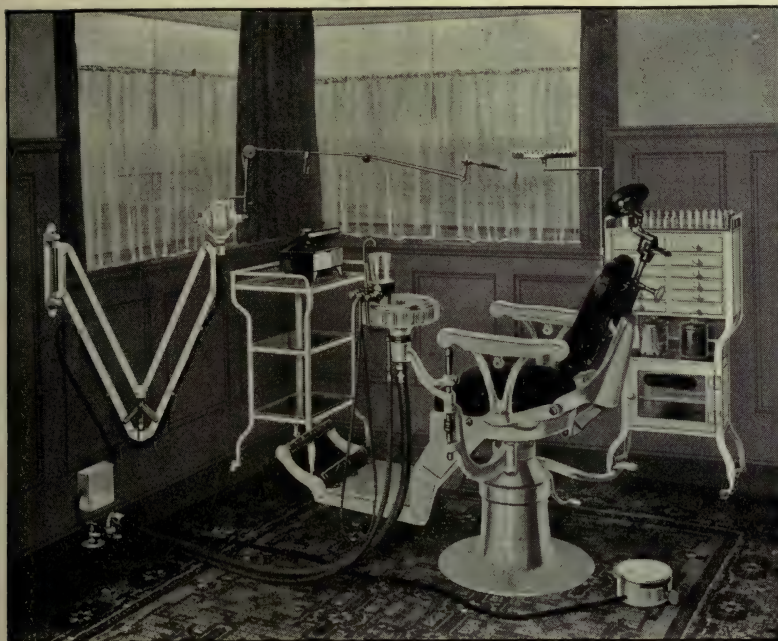
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Vol. XI.

TORONTO, JUNE, 1917

No. 6

Editorials

CARE OF THE FEET

IF ONE'S feet are comfortable, all Nature smiles. If the shoe pinches, all Nature frowns. Most people do not take care of their feet properly and of the remaining, some do not do it at all. It seems that the only logical place to instil the right method is in the public

school, when the youthful mind is plastic, and the youthful bones are soft. As a rule, little girls of even ten years or so become superciliously critical about the teacher's dress. Knowing which it is very hard for any woman teacher to wear a correct shoe. But if the Board of Health or the Board of Education would step in and frame regulations insisting on healthful, correct dress for the women whom it is paying to be a living model for the young, they would be protected, and the children educated along sound lines. Woman's sphere has broadened much more than her shoes. Now that women are filling the ranks of almost every profession and trade, there should be a consistent progress in their physical freedom and comfort, especially in the foot, which is the "under dog," and has to be in the coldest, dirtiest places, supporting at the same time the whole weight of the body. Physicians have a strong duty here, either in their capacity as family counsellor, or as official on any staff or board. Teachers, nurses, druggists and salespeople must all stand a great deal, and not only should they wear shoes that will let the feet accommodate themselves to the changing conditions of position, weather and temperature, but they should know how to rest when they have even fifteen minutes of relaxation. Remove the pillow from the head of the bed, lay a straight-backed chair face down, about the middle of the bed, then place the pillow on the sloping chair back. Now lie down, so that the hips are in the centre of the bed, and the feet up on the sloping chair back, thus throwing the

congested blood in the limbs back to the tired, anemic brain. A modification of this is successfully employed for soldiers on the march, ready to drop from sheer exhaustion.

As to the hose, they should be white for wear at work, fine smooth Lisle thread or Balbriggan in summer, and light-weight wool in winter, with light cashmere or merino for the spring and fall, when most people get their annual coughs and colds, before the furnace fires are started. The shoes should have medium thick but very pliable soles, and a last quite straight on the inside edge, thus bringing the foot around from a too prominent "toeing-out" position, indeed, like the straight, silent, speedy Indian foot, whose endurance comes from its energies being conserved inwardly. The heel must be at least three inches long and two and a half wide, like a man's, and not more than one inch high, unless for abnormally high arches. But the arch of the shoe should be built high, light and pliable, with a slight steel spring, to clasp the under surface of the foot, as a man sits a saddle. There should be no seam in the vamp at the toe-joint, not until it reaches the arch. This smoothness, plus the ease coming from taking the weight off the front of the foot and putting it where it belongs, on the heel, makes one feel like running, shouting and singing, when donning a pair of well-made shoes. This is all for efficiency while on duty. Any housewife, nurse or teacher who wears well-made shoes for her day's work, can dress in the giddiest shoes for evening wear, and dance all evening *without fatigue*.

To wear a heel of sensible height and width *reduces the width of the foot* across the toe-joints, which must appeal to one's vanity. The young man who looks very wistfully after a pair of high-topped white "No. 2" kid shoes needs to be told that the wearer is too tired when she gets home to set the table, and never thinks of going upstairs to get her mother's glasses, while in due time, pelvic disturbances take away her fresh look and cause a big doctor bill. One thing is certain. He would buy the sensible shoes for his wife, if he could persuade her that she looked nice to him in them. A little lesson in anatomy of the spinal column and the foot is equally applicable in classes for boys and girls, the one as the admirers, owners or purchasers, and the other, the wearers. Let education in the care of the feet be one of the duties of the school physicians.

Society Proceedings

THE BRITISH HOSPITALS ASSOCIATION

(Concluded from May issue.)

The City Scheme.—As already stated, an existing hospital is to be used for the purposes of the clinic; beds will also be provided there for ordinary routine work. For cases requiring special treatment, arrangements will be made for the use of beds in the great hospital. The clinic will be provided with waiting rooms, consultation room, dispensary, two wards, two operating or special treatment rooms, and a teaching and demonstration room. All special laboratory work will be carried out under the direction of the Hospital pathologist, and routine clinical examinations at the centre. Residential accommodation for the staff is attached.

The whole will be under the direct administration of the hospital authorities. The staff, in addition to the nurses and general helpers, will include a member of the honorary staff who will be in charge, assisted by a whole-time, non-resident officer and a resident medical officer who will divide his time between the work of the skin department and that devoted to the treatment of venereal diseases. The question of assistance by general practitioners is still under consideration. In addition to the details mentioned, provision is made for free bacteriological examination of morbid products, the free supply of salvarsan, and for educational and publicity work. The Corporation have suggested as payment a maximum sum of £1,800 for the first year, exclusive of the cost of salvarsan or the approved substitutes. The capital expenditure necessary for equipment and alterations, estimated at about £1,000, will be borne by the Corporation. These amounts will, of course, be subject to the Government grant if they are approved by the Local Government Board.

As a matter of additional interest, I might perhaps be permitted to mention here, that certain arrangements already

have been made at St. Bartholomew's Hospital, apart from the City scheme, for putting into practice what may be regarded as a form of preventive treatment, a subject recently referred to in *The Times* by Sir Bryan Donkin. In the words of *The Lancet*, preventive treatment is "a fresh safeguard to the community as well as to the individual," since it antedates "the treatment for venereal disease to the period of incubation." "The value of early preventive treatment in the case of venereal disease is as well established as it is for smallpox and tetanus, and its wide application is equally indicated in the interests of individuals and public health. Early preventive treatment must take its natural place in any well-considered scheme for control of venereal disease." The facilities are only used by soldiers.

Associated Responsibilities of Hospitals.—Hospitals ought not to embark on this new venture with any limited outlook, and treatment must not be the sole object of interest. It is desirable that hospital authorities will consider all the associated problems and be prepared to offer opinions based on the experience which they must certainly acquire. The limitation of interest to treatment will not result in that complete advantage to the public which the contributions require. I, personally, should like to see hospitals developed on lines which would result in their becoming the real centres of medical life in the different areas in which they are situated. A man who has graduated, and entered into the practice of his profession, ought to be attracted to the local institution and encouraged to visit it freely with the object of keeping in touch with current progress and the latest technique.

The staff has obligations in this connection. There is a wide gulf separating the consultant from the practitioner. The staff have facilities for advancing medical knowledge which are greater than those of the practitioner, and although the fullest advantage may be taken of the opportunities, the transfer of that knowledge is not so direct as could be wished. Again, the men practising in what might be termed the higher branches of the profession should be leaders, in consultation with their professional brethren, in matters of policy affecting the welfare of our profession as a whole. The hospital is the best centre to

promote these interests, and I hope the statesmanlike division of duties, which is a feature of these regulations, and the accompanying suggestions will tend towards this result.

In these we see a sound delegation of respective functions. The local public health authority must not set up a special institution. Valuable curative institutions exist, equipped, in most cases, with the latest modern requirements for dealing not only with venereal disease in communicable stages but with all related conditions, and these must be used. The clinical responsibility devolves upon the hospital authority, which must appoint a competent staff. A specialist officer is to be appointed who will devote much attention to the subject, and, although the title is anathema to many, specialists are necessary; they only become a difficulty if they develop narrow views or are unapproachable. These objections will hardly arise if the suggestions of the Medical Officer of the Local Government Board are liberally interpreted. The specialist is required to teach students and practitioners, to approve men as skilled in the new technique, and to consult when called upon to do so. Even more than that, it is laid down that the attendance of medical practitioners at the clinic should, so far as practicable, be encouraged. In the City, the Medical Officer, on the request of a medical practitioner, will also furnish written information of the details of previous treatment if the patient gives a written authorization for such facts to be communicated.

To the Medical Officer of Health is delegated the duty of organizing this scheme, and he is responsible in no sense for the clinical work. He will require to keep himself abreast of current progress, and indicate in this, as well as other work, directions in which new knowledge may be rendered available for the community.

We next come to the general practitioners. It is this branch of the profession which, in my opinion, will have the greatest opportunities for promoting the success of the scheme, and to them the hospitals have an obvious duty. I have already mentioned the relationship between the specialist officer and the profession, and in addition the hospital must stand for all that is best in treatment. If suitable facilities exist, practitioners will attend to make themselves acquainted with modern prog-

ress, and as an additional encouragement some kind of appointment, which they may hold, should, if possible, be arranged. Even unpaid appointments, which however can only be justified if they are held for purely educational reasons, would be of service. Where the work demands assistance, payment should be made. By affording the widest facilities for practitioners improving their skill, the public will benefit.

I do not think that hospitals are going to attract patients on a higher social scale for this special treatment than they do to-day for other treatment. Possibly, even some of those who attend for free treatment of other diseases, and who could pay their own doctor—there are such attend hospital out-patients' departments—will not seek free treatment for venereal infection. This section of the community will consult their own doctors, if they seek medical advice at all. I express a doubt here, because I fear that the quack, if allowed to flourish, will maintain his position as an active competitor. This should not be, and the hospitals, whilst accepting responsibility for imparting knowledge to practitioners, must assist them to obtain their rightful position by joining in the present agitation in favor of suppressing unqualified treatment and quack advertisements. The interest of the practitioners must be active and not passive. There is too much of the passive tendency in the latest introductions in which treatment is undertaken at the instance of local authorities. This must inevitably result if special places are established with clinical responsibility limited to a public officer and inadequate encouragement given to the local practitioners. It is an undoubted necessity that medical practitioners shall be actively interested in all public medical work. Where hospitals exist, every opportunity should be taken to extend their sphere of usefulness. The establishment of new centres, unless circumstances require it, is a source of weakness, and coincidentally with this increased activity the duty of the hospital to the public must not be lost sight of. This duty is closely associated with continuous educational facilities for the medical profession as a whole.

Conclusion.—The day is past when a sharp line of demarcation may be drawn between the functions of curative and preventive medicine. Perhaps it is doubtful whether a clean-

cut distinction was ever justified. In any event, the relationship is daily becoming more intimate as progress in prevention develops on lines which are more closely related to social than public work. The two main advantages of the present scheme of treatment from the point of view of prevention are that increased publicity will be given to the existence of these diseases and to the necessity of cure being effected as quickly as possible. Increased publicity will pave the way for future progress by creating a feeling of solicitous concern for the unfortunate patient instead of the former squeamish aversion, and early treatment will reduce the centres of infection and the later evil effects of attack.

The measures now operative are only a part of the scheme of the future, and before finality is reached many matters of a highly controversial character will require decision. Time will not admit of a discussion of these, so let it suffice for me to state that in my opinion there is no subject in the range of preventive medicine which calls more strongly for energetic action, and none which offers such hope of permanent benefit to the community as that of the reduction of the prevalence of venereal disease, and in this work the voluntary hospitals have now been charged with important responsibilities.

The Chairman expressed his opinion that Dr. Howarth's paper was most interesting, and gave a large amount of valuable information on a very difficult problem. He inquired if any person present wished to make any comments or desired any further elucidation.

Mr. R. H. Caird (Chairman, London Homeopathic Hospital) inquired: What arrangements had been made by St. Bartholomew's Hospital, apart from the City scheme, for putting into practice what might be regarded as a form of early preventive treatment? He said that the trouble at most of the smaller hospitals was that many patients attended with syphilitic symptoms, and he wanted to know what provision was being made for the early treatment of such cases.

Mr. Frank Hazell (Royal Infirmary, Manchester) said the question of financial suitability was at the root of the voluntary system, and at the present time, he believed, the Charity Organ-

ization Society had the matter under discussion. It had been suggested that syphilitic patients should be welcomed to every department of the hospital, without any inquiry being made, and the effect of that on the remainder of the hospital patients would not be to make matters easier. With regard to the question of prevention, the medical profession in this matter seemed to have reversed their ideas altogether in comparison with the attitude on infectious diseases generally: their one idea was to segregate in order to avoid contagion. Surely there was a danger in throwing hospital doors wide open for the reception of these patients. He proceeded to discuss the C.D. Acts, and said the police could often put their hands on the source of all the difficulty—namely, the brothels—but the present law was so extraordinarily framed that unless the police could prove a case brought into court up to the hilt they dare not bring it at all. The present requirement seemed to be a complete reversal of the attitude previously adopted by the profession.

Dr. Sandilands, in reply, said there had been measures in operation in the Services, and especially in India, for some years, consisting in the provision of an antiseptic ointment and a permanganate of potash douche, which could be used immediately after exposure to risk. Apparently similar schemes were being arranged for troops in London and elsewhere in England. With regard to the question of compulsory isolation, he thought if they were not going to have compulsory isolation, then it was of the very first importance to have adequate treatment, because adequate treatment would curtail the disease not by weeks but by years. He took it that it was for that reason the Royal Commission laid great stress on treatment. Effective treatment, even without isolation, would tend to limit the spread of infection in that it would curtail very much the period of infectivity. In addition to that, the getting of a man into proper hands and giving him adequate treatment would also, no doubt, have the effect of enabling him to better understand his condition, and he would thus be less likely to take the risk of infecting others. The main argument, of course, against compulsory isolation was that it would lead to a great deal more concealment than at present. There were Medical Officers of Health in London who were very strongly in favor of compul-

sory notification, and did not consider that any advance would be made until it came about. He did not include himself among those who held this view.

Sir William Collins, in proposing a vote of thanks to the lecturer and Chairman, said the treatment of venereal diseases by voluntary hospitals was nothing new. He remembered in the '70's of last century assisting in treating venereal diseases within these walls, not only in the out-patient department, but also in the wards known as "Lazarus" and "Magdalen." To hear some people talk, one might almost think that a recent Royal Commission had discovered the prevalence of venereal diseases; that we were unaware of their nature till Schaudin described the *Spirochoeta pallida*; unable to diagnose them till Wassermann arrived on the scene, and unable to treat them successfully until Ehrlich lectured at the Albert Hall about his 606. The truth is these diseases are at least as old as the Crusades, and probably among the first patients the pious founder of St. Bartholomew's admitted to his charity were some sufferers from these maladies. At any rate, since the hospital was to receive those who went about London with hideous sores "to the high displeasure of God and to the damage of the King's people," it is at least probable that Rahere was not unaware of these diseases. The Royal Commission had, however, served to focus attention on this squalid social sore, and the voluntary hospitals were ready as ever to do their part in treating these diseases. He ventured, however, to express the hope that the intervention of the State, even to the tune of 75 per cent. of the cost, would not lead to stereotyping any particular method of treatment or to arresting progress in further knowledge of the pathology of venereal diseases. In thanking the noble chairman for his presence, he reminded them that so long ago as 1892 Lord Sandhurst presided over a committee of the House of Lords which inquired into the needs and necessities of the voluntary hospitals of London. It did not hesitate to expose some defects in construction and management, and it paved the way for more satisfactory financial support to these institutions. Indeed it might be said that that report led to the inauguration of King Edward's Hospital Fund which had exerted so beneficent an influence on the voluntary hospitals. In the Lord

Chamberlain all felt they had a friend at Court. They congratulated him on the new honor he had received, and St. Bartholomew's for having such a man as their treasurer.

Rev. G. B. Cronshaw (Radcliffe Infirmary, Oxford), in seconding the resolution, referred to the arrangements which had been made in Oxford, and to some of the financial aspects of the Local Government Board's scheme. He felt assured that the managers and staffs of the voluntary hospitals would do everything in their power to assist the local authorities in combating the evil effects of these diseases.

Lord Sandhurst, in returning thanks on behalf of Dr. Sandilands and himself, said it was some six and thirty years since he had first become associated with the administrative work of the voluntary hospitals. He felt sure that the meeting would agree with him when he said that whatever difficulties these hospitals had to face they would do their very utmost to meet them in the most satisfactory way possible, provided it was certain to result in the ultimate good of the sick and necessitous poor. Of course the matter of funds was a difficulty with which they were usually faced. After a long experience he had come to the conclusion that the public always had confidence in a good voluntary hospital, and would see it through, sooner or later. If they did not come to the rescue, then something was wrong with the institution. With their permission, he proposed to write to Dr. Howarth, the Medical Officer of the City of London, saying how much they regretted that he—although so worthily represented—had not been able to read his paper, and he also proposed to add an expression of sympathy with Dr. Howarth.

At the conclusion of the proceedings, the annual meeting of the members of the British Hospitals' Association was held, when the council and officers for the ensuing year were appointed, and it was announced that Viscount Sandhurst had agreed to accept the post of President of the Association.

Canadian War Hospitals

ONTARIO MILITARY HOSPITAL, KENT, ENGLAND

The London *Times*, under date of April 10th, contains the following article from a correspondent:—

The modern military hospital is no longer a substantial structure of brick and mortar. It is a collection of temporary buildings put up in the minimum of time and at the minimum of expense. Such a hospital is the Ontario Military Hospital in Kent. It took seven months to build, from the time the architect first arrived on the ground until it was opened, and the cost was less than £70 per bed. It is to the Canadian Province of Ontario that we owe this vast concern, which is still growing, and which has tended over 6,000 patients in less than twelve months.

The subscribers to the fund and all the people of Ontario may well be pleased, for their money has been spent to good purpose, and they have the satisfaction of knowing that their hospital is put to its full use. There are rarely fewer than 600 patients in the wards, and often there are nearly half as many again.

The Ontario Hospital is absolutely self-contained, for there are facilities for all the most delicate surgical work ready to hand. There is a dental surgery, where dentists and surgeons, all Canadians, most of them from Ontario, and all specialists, work together. Men with jaw and face wounds are made whole again. Plastic surgery has been made a feature of the establishment, and there is an excellent X-ray plant in a special building. Many American and Canadian business methods have been introduced, and there is an excellent system of card index filing in connection with the X-ray treatment. The records of the patients are kept with meticulous care, and by the card index system any man's medical history is revealed in thirty seconds.

There are at present 20 wards in the hospital, each of 52 beds. In addition, there is an isolation ward of 40 beds, bringing the total up to 1,080. In six weeks 1,040 more beds will be ready, bringing the accommodation up to 2,120. This is a wonderful total for a temporary hospital which did not exist a year ago.

In regard to the staff, the Ontario people have again come to the fore. They have sent eighty trained nurses. All were certificated before the war, for a three years' course is necessary in the province before the final examinations are passed. These nurses rank as lieutenants, and wear two stars on their shoulder-straps. They are paid as lieutenants, and their accounts, field allowances, and mess allowances are all dealt with in the same way as those of the officers. They wear a distinctive uniform, with a blue cloak lined with scarlet, a blue soft hat, and the Army Medical Service badge of Canada, which has the serpent and staff surrounded with the maple leaves instead of the bay leaves. The matron, Miss M. Smith, of Ottawa, ranks as a captain, and wears captain's badges. In addition to the nursing staff there are 310 N.C.O.s and men doing duty as orderlies, dentists, dispensers, engineers, firemen in the power-house, dressers, motor drivers, and police.

The arrangement of the buildings is specially noteworthy, for they are laid out with the idea of economizing labor in the distribution of food and saving time in attendance on patients. The kitchens are specially convenient, and the food is taken through covered ways to rooms, where it is carved on hot stoves. There are bread-cutting machines, steam boilers capable of taking a sack of potatoes, steam ovens for cooking green vegetables, baking ovens, and all the apparatus of a modern hotel kitchen.

Diets are carefully checked, and there is no waste. Every day the diets required from each ward are sent down to the quartermaster's stores, where baskets are filled with any special food required. This check goes also to the kitchen, where the dishes are prepared. Every effort is made to economize without stinting the men, and several good schemes for saving have been initiated. Whereas every man used to be given two slices of bread on his plate, the bread is now put on a large dish in the centre of the table, where a man may help himself. Thus,

if there is any left over, it may be used for puddings or other dishes. Potatoes are served in the same way.

The entertainment of the patients, in itself a matter of great import, has been well provided for, and there is a permanent cinema machine built in off the big recreation hall, where pictures are shown every week. The men are very appreciative, and thanks to the generosity of certain firms, they are given good films. Indeed, they have had their own hospital screened in a series of scenes, and a complete picture play, "From Hen to Hospital," was acted there.

There are nine V.A.D. hospitals near the main hospital, and in these another 500 beds are available for the less serious cases. There is a squadron of twelve motor ambulances to take the men from the station to the hospital or to the auxiliary establishments.

Lieut.-Col. D. W. Macpherson, the officer commanding, has had a great deal of experience; he was for a long time in France with the Canadian forces. He was for many years in the Canadian Militia, and long before the war broke out had a thorough grounding in all the multifarious duties of his position. The quartermasters, men of great moment in such a large establishment, are Capts. W. H. Fox and H. Goodman, and one look at their stores gives the visitor an idea of their responsibilities.

It is a great tribute, not only to the generosity of the men and women of Ontario, but also to the skill and executive ability of the staff, that such an undertaking can be so well worked from a distance. The Ontario Hospital receives men of any unit in the Imperial or Colonial forces. Men from Canada, Newfoundland, South Africa, New Zealand, Australia, and indeed, every outpost of Empire, are to be found in the wards. The men mix with each other and thus gain much information of the life of all the Colonies.

It is reported that in all probability the University Base Hospital will shortly leave Salonica and return to England. Lieut.-Col. W. B. Hendry has been in command of the unit since the departure of Col. Roberts, who is now in charge of the Taplow Hospital.

MORE HOSPITALS FOR RETURNED SOLDIERS

FROM end to end of the Dominion provision for returned soldiers who will form permanent charges, owing to the nature of their injuries, has been greatly advanced. In Toronto, as recently announced by us, the residence of the late Mrs. Massey Treble, Jarvis Street, given by the Massey estate to be a home for incurable cases, is being adapted for its hospital purposes by the Military Hospitals Commission. Accommodation will be provided for about fifty beds. The ground floor will be taken up with kitchen, dining-rooms and office. In the big music-room the Massey estate has arranged that the organist of the Metropolitan Church will give recitals twice a week. The second floor will be given over entirely to wards, and the top floor will be used by the nurses.

Pickering College at Newmarket has been acquired by the Military Hospitals Commission and will be used as a home for returned soldiers. It comes into the Commission's hands through a patriotic act on the part of the Board of Management of the college, which is associated with the Religious Society of Friends. The college and grounds have been loaned free of all charge to the Commission.

Mr. A. S. Rogers, Chairman of the Board, and Principal Firth, informed the students on April 23rd of the decision to donate the school property to the Military Hospitals Commission.

It was only on the urgent representations of the Hospitals Commission at Ottawa that the college management was induced to take action before the close of the spring term.

Alternative arrangements are being considered for the continuation of the students' work so far as they can be effected.

Pickering College is eminently suited to the needs of the Commission. It is a new brick structure with 25 acres of ground, situated on an eminence. The building is so constructed that every window at some time of the day receives sunshine, and the fire protection is excellent. There are six classrooms on the ground floor and 53 double and 4 single bedrooms upstairs. Seven acres are under cultivation for vegetables. In

addition, there are four tennis courts, a campus, flower gardens, a large gymnasium which can be turned into a rink in winter. Mr. Rogers said that the loan was intended as a contribution to national service and to show the sympathy of the college and Religious Society of Friends with the wounded and invalided soldiers and the work of the Commission.

Sir James Lougheed, President of the Military Hospitals Commission, has just returned from a western tour, during which he acquired three buildings which will serve as homes for about 750 convalescent soldiers. At Point Grey, adjoining Vancouver, two modern college buildings, about half a mile apart, Braemar and Langara, conducted by the Presbyterian Church, will house about 450 between them.

At Edmonton negotiations were opened for the acquisition of Alberta College on property in South Edmonton, adjacent to the University and the Department of Agriculture's experimental plant. The Dean of Agriculture at the University proposes to assist the Commission in its vocational work here, and an extensive acreage will be available for farm work.

At Winnipeg, the Manitoba Government turned over another 100 acres and farm buildings adjoining the Deaf and Dumb Training School, which is to be the western centre for the re-education of disabled soldiers.

WHITBY HOSPITAL AGREEMENT SIGNED

THE agreement between the Provincial Government and the Military Hospitals Commission, by which the Whitby Hospital for Insane is to be turned over for the use of returned soldiers, has been signed, for a consideration of \$25,000 a year, according to a statement made by Hon. W. D. McPherson, Provincial Secretary, on April 12th. A similar agreement will be made, as soon as S. A. Armstrong returns from the East, regarding the Industrial Farm at Guelph. The Province will keep its own staff at Whitby, and the Dominion will foot the bill.

While the present agreement provides for only light cottages, which will make up one hospital unit, when the buildings

at present under construction are completed, there will be three such units at the disposal of the Commission, giving accommodation for about 1,400 returned men.

Mr. McPherson said that 150 of the patients will be retained in a separated part of the institution, to work the farm, which comprises about 650 acres. The products will be at the disposal of the Commission. The female patients have been removed to Orillia. Every facility will be placed at the disposal of soldiers who desire to work any land.

The consideration paid by the Dominion will not reimburse the province for the rental of the property, but as the Provincial Treasurer explained, the arrangement is to meet a temporary emergency.

At Guelph some 550 patients will be accommodated. There is every facility there for vocational training. The province will keep the abattoir, which supplies the meat for the various provincial institutions, but the Commission may buy from the abattoir on the same terms as these institutions. The province has no desire to make a profit from its dealings with the Commission. This is true also of the dairy. The province will keep control of the output, but the Commission may purchase its supplies at the Provincial Government rates.

19,459 CANADIANS IN U.K. HOSPITALS

THE latest return of Canadian patients in hospitals in the United Kingdom, received in Ottawa on May 8th, gives a total of 19,459 on April 20th, including 583 officers. The total had fallen from its highest level, 20,256, on October 20th, 1916, to 14,165 on April 6th. The total for April 20th is made up thus: In Canadian primary hospitals, 3,180; in Canadian special hospitals, 1,658; in Canadian convalescent hospitals, 3,986; in special sanatoria, 82, and in British hospitals, 10,553.

The latest return of men on the strength of the Military Hospitals Commission command in Canada showed a total of 5,952 on April 30th. The total on April 15th was 5,677, having risen to that point from 2,404 at Christmas. The latest total

is made up of 3,562 in-patients and 2,390 out-patients. Included in the total are 1,130 men who have not been overseas. At the convalescent homes on April 30th there were 2,220 overseas and 381 camp men, while the convalescent out-patients numbered 1,934 overseas and 447 camp men.

There are 631 patients in the sanatoria for tuberculosis, with eight out-patients, 414 of the total being overseas men and the remainder camp men. The total 5,592 is completed by 331 men in other institutions.

ADDITION TO GUELPH HOSPITAL

THE Military Hospitals Commission have arranged for the construction of additional room at the Provincial Reformatory so that 1,500 returned soldiers can be cared for there. At present there is room for 500 men. The contract for the additional building has been let to the Peter Lyall Company, of Montreal. Everything that looks like jail is to be removed.

UNITED STATES TO RELIEVE CANADIAN HOSPITALS FOR INSANE

To relieve congestion among the hospitals throughout Canada caused by the return of wounded soldiers from France, Dr. Bayard Holmes of Chicago has advanced the proposal that the hospitals for the insane in the United States take over between 20,000 and 30,000 insane patients from Canada. This number comprises about 80 per cent. of the Dominion's insane now under treatment. "The general hospitals in Canada," said Dr. Holmes, "are not only badly short of doctors and surgeons, but are woefully crowded. We ought to help Canada, now our ally, at once. I can think of no more neighborly and efficient proposition than to relieve immediately her hospitals congestion. This country can do this within two or three weeks."

GUELPH PRISON FARM WILL BE TURNED OVER IMMEDIATELY

IN connection with the visit of S. A. Armstrong, Director of the Medical Hospitals Commission, to the Parliament Buildings on April 25th, Hon. W. D. McPherson announced that arrangements had been arrived at whereby the prison farm at Guelph would immediately be turned over to the Commission for the accommodation of returned soldiers. The 150 prisoners there at present will be transferred to the provincial institutions at Thornhill, Burwash and Hamilton.

GIVES X-RAY EQUIPMENT

PROVISION for purchase of a modern x-ray apparatus to be installed in the Alexandra Hospital, Ingersoll, has been made by a generous donation of \$1,500 by Mr. Spurgeon Poole, a widely known resident of West Oxford, whose home is at Foldens. The donation was made to Dr. J. M. Rogers, who will select the apparatus and after installation, see that it is handed over to the Hospital Trust.

QUEEN OPENED HOSPITAL

THE Queen recently opened the new wing of the Royal Naval Hospital at Haslar, near Gosport, given by the women of Canada.

AUTHORITY has been granted for the employment of Capt. D. T. Fraser, A.M.C., as a Militia Officer at the Base Hospital, Toronto, to take charge of the work of the isolation wards. It is announced that the eye clinic at the Base Hospital will be open Tuesday and Friday mornings at nine o'clock.

NEW HOSPITALS IN CANADA

WHEN "bed cases" do arrive in Canada, in any considerable numbers, there will be plenty of accommodation for them. The Commission long ago arranged with a score of hospitals throughout the country for the reception of about 1,600 such cases. In addition, accommodation for 1,200 is being provided in buildings taken over or erected by the Commission itself.

At Kingston, Ont., the Arts Building and Convocation Hall of Queen's University have been turned into a hospital, with 550 beds. This also is ready for use.

At Winnipeg, a new hospital is being erected in the grounds of the old Agricultural College, with 320 beds, to be divided between convalescent and active hospital cases as occasion requires. The buildings should be ready before the end of May.

At Quebec and Montreal the Savard Park and Grey Nuns' Convalescent Hospitals, respectively, may be used for "bed cases" later on. Both are ready for such a purpose without alteration.

For consumptives, the accommodation is being largely increased.

At Kentville, N.S., the Commission has just added two pavilions, for 64 soldiers, to the existing sanatorium, and is now putting up a vocational building where the patients can engage in various arts and crafts.

At Kingston, the new buildings at the Sir Oliver Mowat Sanatorium have been completed, and 175 patients can be accommodated there.

At Hamilton, the three smaller pavilions and the vocational building are finished, and the two large pavilions are nearly complete.

At London, the three new pavilions are already in use, and an infirmary building is under way.

At Ninette, Man., two soldiers' pavilions are being added to the Provincial Sanatorium.

At Regina, Sask., the Earl Grey School is being transformed into a sanatorium, and an infirmary is being added.

At Halifax, a convalescent hospital is being erected on Camp Hill, the property of the Imperial Government. Besides three residential buildings, for 300 men, there will be a dining hall and service building, and a vocational building. The work is expected to be finished by July 1st.

At Sydney, Cape Breton Island, Mr. Moxham's house, in fine grounds sloping down to the harbor, has just been transferred to the Commission, and is already occupied. It will accommodate 100 men.

In Montreal, the former Loyola College building has been taken over, and about 100 men are already in residence. Here there is room for 250. St. George's Home has also been occupied, and it holds over 50 men.

In Toronto also, a mission hall close to the Spadina Convalescent Hospital has been taken over, for the training of masseurs—massage being a most important part of the treatment in many cases of injury, rheumatism, and nerve troubles.

At Cobourg, the Ontario Military Hospital will have its capacity raised from 144 to 275, by the erection of new buildings. This institution will be reserved for curable cases of shell-shock and other nerve troubles.

A Home for Incurables has been established in Toronto. Formerly the Massey-Treble home, it is now the Euclid Hall Military Convalescent Hospital. Thirty patients can be cared for in this, the first institution of its kind for Canadian soldiers.

At Winnipeg, the buildings of the old Manitoba Agricultural College are being remodelled, and will be ready in a few weeks. This (including the new hospital buildings already mentioned) will accommodate 750 men, and will be the centre of re-education for Manitoban soldiers.

At Moose Jaw, Sask., the Ross Park School has been secured and will take 400 men. Two auxiliary buildings are being erected in the grounds.

Further north in the same province, the handsome building of the Saskatoon Y.M.C.A. has been taken over, and will house 158 men.

At Edmonton, Alberta College is being taken over from the Methodist authorities. It will accommodate 300 men; and it has the great advantage of being close to the Provincial Agricultural College.

Near Vancouver, B.C., two school buildings at Point Grey, Braemar and Langara, are being added to the list. They will take 450 men between them. Here there are about 50 acres of land available.

At Qualicum Beach, near Victoria, a charming sea-shore hotel has been transformed into a hospital, and is already occupied. The accommodation is being increased from 120 to 225, by the addition of four pavilions.

At Sidney, also on Vancouver Island, the accommodation of Resthaven is being raised from 160 to 200.

The total convalescent accommodation, available or in sight, is about 8,500, without including the Hospital for the Insane.

At Quebec, the clearing depot, formerly the Immigration building, is being completely remodelled, and will house 1,000 men, or even more. Special accommodation has been set apart for the cases of tuberculosis and mental derangement.

Great additions and improvements are being made to the accommodation for men immediately on their arrival from overseas at Halifax and Quebec.

At Halifax, the Immigration building on Pier 2 has been transformed into a clearing hospital for 450 men, and is already in use. Part of the building is reserved for tuberculosis patients. The officers of a hospital ship arriving the other day remarked that they had never seen provision so excellent for wounded men, or hospital trains so good as those provided for the more serious cases.

Altogether between 500 and 600 men are now at work on the various buildings mentioned for the reception, treatment and training of the soldiers who have suffered in our service.

At Toronto itself, the Orthopædic Hospital, for men needing artificial limbs and kindred appliances, will be ready very soon. The main building, in fact—erected by the Salvation Army as a training centre—is ready now. A service and dining-room building has been added, and two ward buildings are in progress. About 450 men can be accommodated here. In the hospital grounds, which cover eight acres, a special building will be erected for the Commission's artificial limb factory, now in operation on Buchanan street.

The Military Hospitals Commission has finally decided not to make use of the old Dalhousie Building on Carleton Street, Halifax, but to obtain accommodation for the returned convalescent soldiers at the Presbyterian College, Pinehill, near Halifax. The buildings there are on a beautiful site overlooking the waters of the North West Arm, one of the choicest spots in North America. Few students of Theology had been left this session and two of the professors had volunteered for military service about a year ago. The Commission, having decided that an additional hospital was needed, has arranged to erect temporary buildings on Camp Hill, on an excellent position on a portion of the common at Halifax.

Items

UNIVERSITY HOSPITAL SUPPLY ASSOCIATION

THE honorary treasurer of the University Hospital Supply Association reports the receipt of \$6,602.56 since the statement published March 31st. This includes \$4,000 as the result of the appeal to graduates of the University of Toronto, \$1,410.84 from the Ontario Society for the Reformation of Inebriates, and \$140 from the Victoria College Ladies' Choral Club.

The convener of the Packing Committee reports that during the month of April 53 cases were packed, composed of 912 pairs of pyjamas, 162 day shirts, 144 caps, 988 pairs of socks, 45 dressing gowns, 126 surgical shirts, 54 laparotomy stockings, 378 miscellaneous articles. These were forwarded to the Canadian Red Cross Society, excepting 630 pairs of socks, which were sent to the Canadian Field Comforts' Commission for the use of the men in the trenches.

MORE HOSPITAL SHIPS SUNK BY SUBMARINES

THE British Hospital Ships Donegal and Lanfranc, with many wounded aboard, were torpedoed and sunk without warning on April 17th. Of those on the Donegal, twenty-nine wounded men and twelve of the crew are missing. The Lanfranc was carrying German as well as British wounded, and nineteen British and fifteen Germans are believed to have been drowned.

The Admiralty announces that in view of the announced policy of the German Government to wage war on hospital ships, the vessels in future will not bear the distinguishing marks which should ensure their safe passage. The German Government has also been informed that German wounded will be carried in hospital ships in future, and must take the same risk as British soldiers if the vessels are attacked.

The sinking of the *Lanfranc* was the occasion of an exhibition of gallantry by the British wounded and of cowardice by the 167 Prussians on board. While the British, true to the traditions of the Empire, stood at attention on the deck of the sinking ship, the Germans made a mad rush for the lifeboats. When they were ordered to await their turn many showed cowardice by dropping on their knees and imploring pity. The crew and staff went calmly to their posts, and stretcher cases were first lowered to the small boats. Some of the Germans managed to crowd into a lifeboat, which, however, capsized as soon as it was lowered. They then fought each other to reach another boat containing some gravely wounded men. The missing include two British and five German officers, and one of the staff of the Royal Army Medical Corps.

WOMEN'S HOSPITAL BOARD PLANS EXTENSION

THE urgent need of larger quarters was discussed at a meeting of the Board of the Women's College Hospital and Dispensary, held at 125 Rusholme Road, on May 2nd. As a result of the campaign held for this purpose last June, the project of an extension was made possible, and a resolution was passed that the Building Committee be instructed to confer with the Advisory Committee and the Superintendent and Architect and then have plans and specifications made for the 20-bed addition and the necessary changes to the old building, and to obtain tenders.

CANADIAN NURSE DECORATED BY KING

A CANADIAN woman with much experience as a military nurse, now serving her country overseas, is Matron Elizabeth Russell, formerly of Hamilton, now in charge of the Cliveden Hospital at Taplow, England. Miss Russell, who is a daughter of Dr. James Russell, of Hamilton, and a sister of Mr. John Russell, the Canadian artist, was trained in the Presbyterian Hospital at New York, and between wars has filled various posts in that

institution. She served in the Spanish-American war and made nine trips to the Philippines. A little later she was with the Canadian troops in South Africa, where she served for 15 months. At the outbreak of the European war she first served in charge of Mrs. Whitney's hospital at Juilly. But preferring to be with the Canadians she transferred and was engaged at Moore Barracks before going to Taplow. Matron Russell was recently decorated by the King at Buckingham Palace with the Royal Red Cross of the First Class. Besides possessing much executive ability, she has tact and a genial way which wins favor with the soldiers.

NURSES GRADUATION AT ST. JOSEPH'S HOSPITAL, GUELPH

THE graduation exercises of the nurses of St. Joseph's Hospital, Guelph, took place on April 13th. Besides relatives of the graduates there were present many friends of the institution.

The valedictory was read by Miss Genevieve Single, and the nurses were addressed by Rev. Father Bourque, S.J. The graduates are: Miss Ursula O'Sullivan and Rena Henry, of Guelph; Cecilia Campbell and Anna Mae McGivney, of Arthur; Genevieve Single, Kitchener; Clarabel Brandt, Waterloo; Nettie Parker, Palmerston; Katie Pellier, Manitowaning; Florence Runstedtler, Hespeler, and Edith Martin, Hawkesville.

The medal awarded by the hospital for general proficiency was merited by Miss Florence Runstedtler.

ANNUAL MEETING OF THE SAMARITAN CLUB

"WHEN 'The Old Curiosity Shop' was appearing in serial form Charles Dickens was besieged with requests 'not to let Little Nell die.' But Little Nell had tuberculosis, and there was no help for it—she had to die," said Capt. Porter, addressing the Samaritan Club at its Annual Meeting on May 1st, and

pointing out the vast difference in the estimation of that disease then and now. "How could he save her?" he added, "there was no Samaritan Club then."

Something of what a good, honest, careful physician, a good nurse, good food, sufficient rest, cleanliness, fresh air and sunshine can do now for the tubercular, Capt. Porter revealed in a short but most effective speech, and he did not neglect to congratulate the Samaritan Club on what it was able to do for the poor who could not get even these simple remedies.

A record of satisfactory work in all departments of the work was shown by the reports presented, and with reference to the Rest Home Cottage which has given summer outings to many mothers and babies during the past few seasons, the President, Mrs. C. H. Willson, said that the cottage used last season was not available this year, and while the members of the committee were wondering what they could do and where the money to pay for a home might come from, a generous member of the club had supplemented a former gift of \$500 with one of \$1,000, both in memory of her daughter. A house had been secured at Cheltenham. The entire cost, including maintenance, would amount to about \$4,000, \$2,500 of which had already been subscribed.

The report of the Convener of the Rest Home Cottage Committee told of sixty guests entertained there last year. The National Sanitarium Association paid the railway fares of these visitors.

THE commencement exercises of the Toronto General Hospital took place on Friday evening, May 11th. A reception was held later in the Nurses' Residence.

ELEVEN London and Western Ontario young ladies are included in the graduating class of nurses at St. Joseph's Hospital who receive their diplomas on May 8th. They are Misses Katherine F. Doyle, M. Irene McManus, Anna M. Kneitl, Mary E. Burns, Dorothy F. Harper, Sophie M. Bauer, Gertrude M. Slattery, E. Madeleine Jones, Kathleen S. Howe, Margaret H. Vincent and Helen M. McManon.

A DELEGATION recently waited upon the Provincial Government with the request that a grant of \$50,000 be made for the purpose of building an annex to the Winnipeg General Hospital for the accommodation and treatment of nervous and temporarily insane patients.

It is announced that the bequest of the late T. Morris Knight to the Philadelphia Home for Incurables will be fully \$300,000. Sums amounting to \$55,000 go to other charities. By the will of the late Jane L. McConnell, of Philadelphia, the Presbyterian Hospital of Philadelphia will receive \$10,000.

A bill appropriating \$250,000 for the purpose of establishing a national home for lepers passed the House of Representatives on May 4th, 1916, and was passed by the Senate on January 25th, 1917. This provides a National Institution for the care and treatment of lepers, and solves the problem of preventing the spread of leprosy in the United States.

Eli Lilly & Co., of Indianapolis, has offered the local chapter of the American Red Cross the sum of \$25,000, in the event of the United States being drawn into war, to establish a Base Hospital of 500 beds, with surgical and medical equipment, and tentage. The offer was made to commemorate the services of Col. Eli Lilly as a soldier and a citizen.

Announcement is made that Dr. Joseph A. Blake, formerly Professor of Surgery at Columbia University, has accepted an invitation of the French Government to become head of the hospital built and conducted by Dr. Eugene Doyen, the famous French surgeon, who died two months ago. This institution will reopen with Dr. Blake in charge, in another month, and will be conducted as a war hospital, under the American Red Cross.

The ninety-fifth annual meeting of the Board of Governors of the Montreal General Hospital took place on Tuesday, February 20th. During the past year two members of the medical staff have given their lives on the field of battle—Lieut.-Col.

R. P. Campbell and Capt. Douglas Waterston, both members of the Canadian Army Medical Corps. Lieut.-Col. Campbell had been connected with the Hospital ever since he graduated from McGill University in 1901, as interne, medical superintendent, clinical assistant, and chief of the genito-urinary department which he had developed to a high state of efficiency. Capt. Waterston graduated from McGill in 1914 and had barely completed his term of office as interne of the Hospital when he went to the front with the 9th Field Ambulance. Among those connected with the Hospital who have volunteered for Active Service, or are already at the front, are forty doctors, seventy-nine graduated nurses, and thirty orderlies, and many members of the staff who are unable to go Overseas are doing some kind of military work at home.

During the year 1916, 8,136 admissions were made to the Hospital, the total number of patients receiving treatment being 8,520. On December 31st, 1916, there were 353 patients in the Hospital, and 430 died during the year. The days of treatment given aggregated 144,271, or 7,717 more than in 1915. The death rate was 5.3 per cent., or if the deaths which occurred within forty-eight hours of admission are deducted, 3.5 per cent. In the out-patient department, 129,282 consultations were given and the number of new patients treated was 26,323. The ambulance responded to 2,782 calls. In the pathological department 391 autopsies were performed and 5,656 examinations were made for the attending staff of the Hospital. In the department of radiography, 9,337 skiagraphs were taken, 220 fluoroscopic examinations were made, and 300 treatments were given.

LIEUT.-COL. H. E. MUNRO has been appointed officer commanding the Canadian Military Hospital at Hastings. Lieut.-Col. J. L. Bogart, Engineers, assumes duty at Crowborough, vice Lieut.-Col. H. H. Hughes.

Book Reviews

AN OCCUPATIONAL THERAPY NUMBER

The Modern Hospital (Chicago and St. Louis) announces that its June issue will be devoted to the subject of Occupational Therapy and Occupations for the Handicapped. The importance of this subject has not been sufficiently realized until comparatively recent times. Of late the nations at war have come to recognize the therapeutic and economic necessity of providing suitable occupations for those of their wounded and injured who are able to work. This necessity is just as urgent in the case of the handicapped class in civil life.

Among the subjects of important papers to be published in the Occupational Therapy number are "History of Occupational Therapy," by Dr. W. R. Dunton, Jr., assistant physician, Sheppard and Enoch Pratt Hospital, Towson, Md.; "The Poteries of Arequipa Sanatorium, an Experiment in the Re-education of Tuberculous Girls," by Dr. Philip King Brown, medical director of Arequipa Sanatorium, Manor, Cal.; "Remunerative Occupations for the Handicapped," by Dr. Herbert J. Hall, physician in charge, Devereux Mansion, Marblehead, Mass.; "Occupation Therapy in the Mental Hospital," by Dr. A. H. Ruggles, first assistant physician, Butler Hospital, Providence, R. I.; "Occupation and Diversion for Tuberculous Patients," by Dr. A. T. Laird, superintendent Nopeming Sanatorium, Nopeming, Minn.; "Work in the Treatment of Insane Criminals," by Dr. Paul E. Bowers, medical superintendent Indiana Hospital for Insane Criminals; "Some Principles of Occupational Therapy," by Miss Elizabeth Upham, director of art department, Milwaukee-Downer College, Milwaukee; "The Inoculation of the Bacillus of Work," by Mr. George Edward Barton, director of Consolidation House, Clifton Springs, N.Y.

TOBACCO AS A LIFE-SAVER

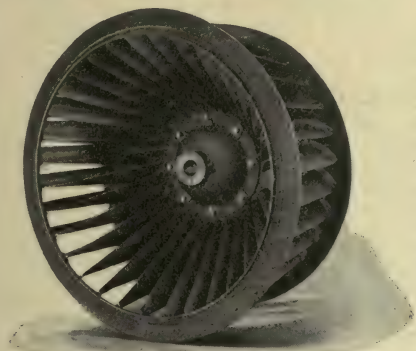
IN many ways this great war is different from all the conflicts of the past, and the contrast is most marked in regard to the ways in which the attack is made. The enemy has shown a fiendish ingenuity in devising new and horrible ways of making war. To combat these, the Allies have in some cases ranged over entirely new fields of experiment and research, whilst in other cases the experience of the past has proved valuable in indicating a remedy.

For instance, the beneficent effects of tobacco at the front were affirmed by the *Lancet* as long ago as 1870, when the question was being discussed in connection with the Franco-Prussian war. The *Lancet* said at that time: "The soldier, wearied with long marches and uncertain rest, obtaining his food how and when he can, with his nervous system always in a state of tension from the dangers and excitement he encounters, finds that tobacco enables him to sustain fatigue with comparative equanimity."

Infinitely greater demands than ever before are now made upon the courage and resourcefulness of the soldier. The comforting and soothing effects of tobacco are again being abundantly shown. The men, particularly the Canadians, are fond of a chew, and there is evidence that chewing tobacco has actually been the means of saving many lives during the present war. In a letter to a Suffolk clergyman, a corporal at the front writes as follows: "What hurt us most was the poisonous gas, which made the air green and yellow, choking and poisoning men where they stood. Tobacco saved many lives in that battle. We began to feel choky, but put big chews in our mouths, and this caused us to expectorate the gas. Now whenever we notice the gas, we chew tobacco, which greatly helps."

The chewing of tobacco, which has thus demonstrated its value under extraordinary conditions, is to many people in ordinary life an aid to thought. The President of the United States has spoken favorably of the habit. It was in a speech on the Senate, delivered some years ago at Columbia University, that Dr. Woodrow Wilson said: "The Western Senator has time to chew between sentences, and consequently is more likely to think of those things which are valuable to the nation."

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These teaching aids have proved indispensable and must be used to obtain the practical results necessary in the modern demands of thoroughness and efficiency.

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HOSPITAL Superintendents are well aware of the worry they are sometimes subjected to from improperly protected windows. More than one instance has occurred in Toronto alone where patients in a state of delirium have got out of the window and fallen to instant death on the pavement below. It is quite a problem sometimes to know what is the best way to protect windows, particularly in case of fire. The B. Greening Wire Co., Limited, Hamilton, Ont., manufacture a special wire for Window Guards, and attention is called to their advertisement, appearing on page xiv of this issue. These Guards are quite inexpensive and are most effective, the wire being sufficiently strong to prevent any patient from breaking through. What is more, these Guards can be immediately removed in case of danger from fire. Hospitals will be acting in their own interests in communicating with the firm named and securing prices.

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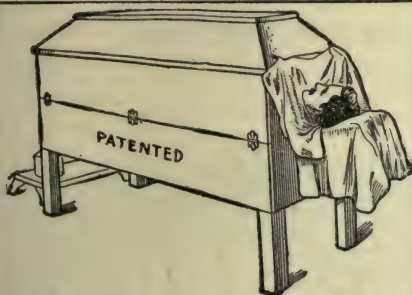
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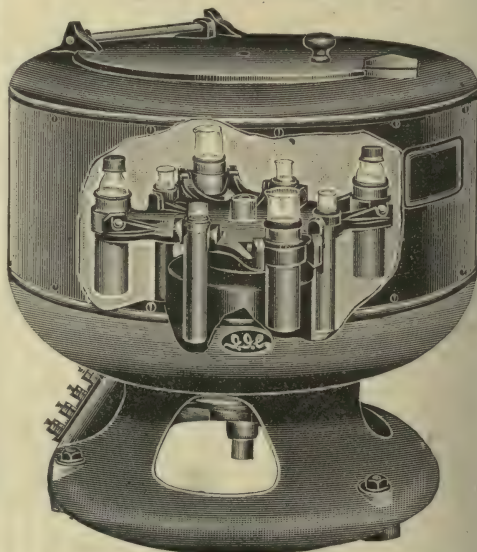
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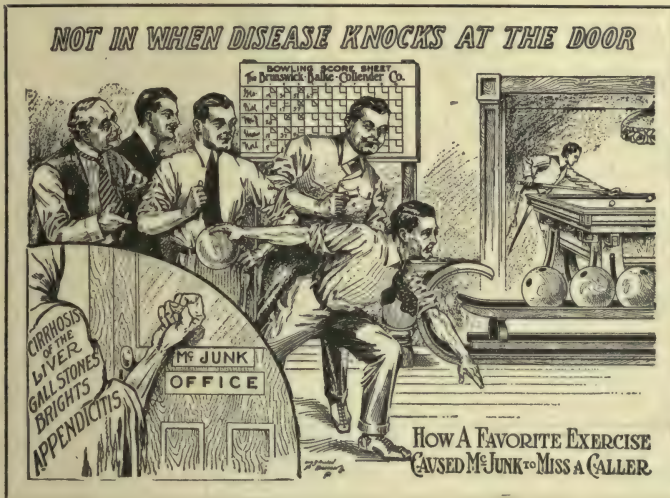
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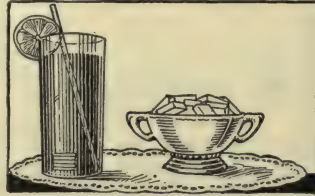
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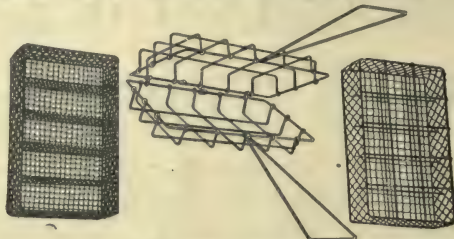
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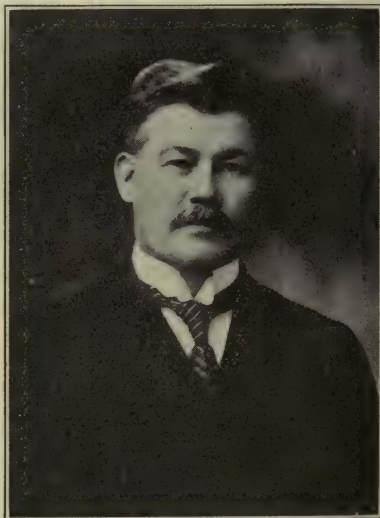
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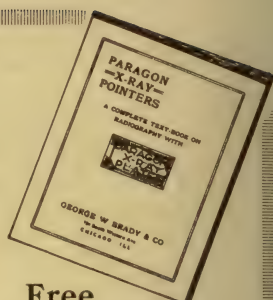
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THE
HOSPITAL WORLD

Vol. XII (XXIII) Toronto, July, 1917 No. 1

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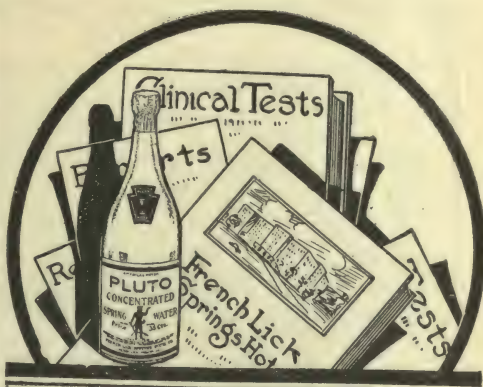
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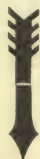
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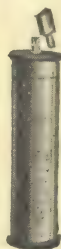
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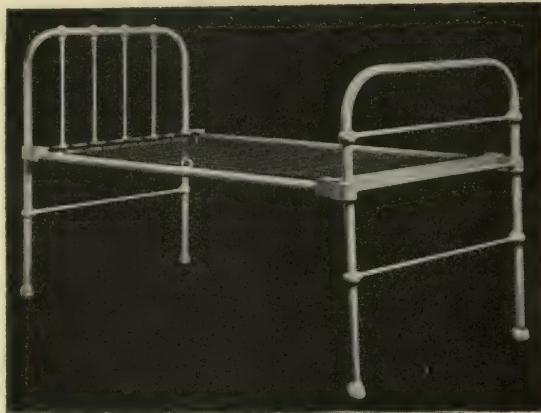


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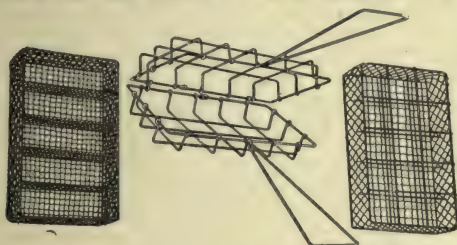
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Toronto, Canada

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Vol. XII.

TORONTO, JULY, 1917

No. 1

Editorials

CHAIRMAN OF BOARD OF GOVERNORS OF TORONTO GENERAL HOSPITAL AND OTHERS KNIGHTED

AMONG the recipients of Birthday Honors in Canada recently conferred by His Majesty, appears the name of Mr. J. W. Flavelle, Chairman of the Imperial Mu-

nitions Board, who has had conferred upon him by His Majesty a Baronetcy. This will certainly meet with the approval of many Medical Men who have been in close touch with Sir Joseph Flavelle in his capacity as Chairman of the Board of Trustees of Toronto General Hospital.

Leaders in the Methodist Church of Canada claim him as a pillar of that denomination. He is one of its leading laymen, and takes a prominent part in the General Conference. The missionary interests of the Methodist Church have received a great deal of support from him.

A great deal of the success which characterized the reorganization and construction of the new General Hospital on College Street is due to his painstaking interest in the institution. It is declared that he, with his colleagues on the board, threw themselves into this work with so much energy and zeal that success was assured from the outset. The institution has passed through many trying periods, and but for the Board of Directors the city would probably not have possessed the magnificent pile of buildings it possesses to-day.

It was with pleasure that we noticed also the name of President R. A. Falconer, who has been made a Knight Commander of St. Michael and St. George. President Falconer has a large number of friends amongst Medical Men, who undoubtedly feel gratified that he has not been overlooked.

Robert Alexander Falconer, President of the University of Toronto, has occupied that position since 1907. He is one of the widest-known educationists in Canada, and since the beginning of the war has diligently given of his time in recruiting and other lines of patriotic work. While believing that the University has an important function to perform in training young Canadians in war time, he has given every assistance to the development of the military life among the students, announcing a few days ago that a military course will be part of

the work in the fall. This thought of service was uppermost in his mind when he said, in addressing the graduates at convocation a couple of weeks ago, "that you have learned that the educated man and woman serves his or her country in the highest and best sense when, with the education of what we may now call the lower grades, there goes an education in the conception of public service."

President Falconer was born at Charlottetown, P.E.I., on February 10, 1867, the son of Rev. Alex. F. Falconer, a Presbyterian clergyman. He has previously been honored by the King with the C.M.G. He studied in Scotland and Germany, and has been honored with the degree of Doctor of Laws by many universities. Prominent in Presbyterian Church work, he has served on many important committees. In addition, he has held office in the Lord's Day Alliance, the United Canadian Bible Society, and philanthropic organizations. He has become known as a writer on theological subjects.

Surgeon-General Eugene Fiset has also been honored by being made a Knight Bachelor.

He has occupied the position of Deputy Minister of Militia and Defence for Canada and Vice-President of the Militia Council. He was born in Rimouski, Que., in 1874, the son of Senator J. B. K. Fiset. He is a graduate of Laval University and was house surgeon in the London Throat Hospital. He joined the 89th Temiscouata and Rimouski Regiment as a Lieutenant in 1894 and transferred to the A.M.C. in 1899. In the South African War he was Assistant Surgeon of the 1st Canadian contingent and won honors. He was appointed Deputy Minister of Militia and Defence in 1906, and has been Hon. Surgeon to the Governor-General since 1904. He resides now in Ottawa. Sir Eugene Fiset had also conferred upon him recently by the French Government the Croix de Chevalier.

Lt.-Colonel W. B. Hendry, of Toronto, received the D. S. O. He went overseas with The University Base Hospital to Saloniki, and has been mentioned in despatches.

Canadian Hospitals

NURSES GRADUATE AT GENERAL HOSPITAL, TORONTO

THE nursing sisters, in their smart military uniforms, headed the almost numberless procession of trim figures that filed into the big hall at the General Hospital on May 18th for the graduating exercises. Next came the graduate nurses of the staff, all in white save for the black band on their caps; then the undergraduates in blue frocks with crisp white caps and aprons, the probationers in blue, too, but capless, and last of all, filling a block of seats by themselves, the new graduates, with new black bands on their white caps and bunches of red roses pinned to their aprons.

Mr. J. W. Flavell, Chairman of the Board of Trustees, presided, and the Rev. G. C. Pidgeon offered the opening prayer.

Dr. J. A. Macdonald spoke for a few minutes on service and the motive which makes the service great. The profoundest motive, he said, and the only motive that can make the service great, is service for love. We never are great unless we love unselfishly and unless we serve by the grace and power of love.

Miss Jean I. Gunn, Superintendent of Nurses, gave the Thirty-fifth Annual Report of the Training School. Since it had been established, she said, 789 nurses had graduated. A number of these had married, some had died and others had been lost track of. Nine are now missionaries, 30 in public welfare work, 81 on active service overseas, 19 on military service at home, and two, Miss Annie Hartley, 1901, and Miss Grace Gray of 1907, have been decorated with the Royal Red Cross.

Miss Gunn expressed her satisfaction that the younger graduates were maintaining the interest in foreign missions that had been developed in Miss Snively's time.

In spite of difficult conditions, due to the war, the nurses had done excellent work and cheerfully put up with incon-

veniences, and the graduating class had stood high in their studies.

There had been 1,224 applications for entrance to the Training School during the year and 93 had been admitted on probation.

The following scholarships and prizes were presented by the donors: Scholarship of one year in the Social Service Department of the University, by the Board of Trustees of the Hospital and Mr. A. W. Austin, to Miss Elizabeth H. Moss, of Dundas; the Dr. James F. W. Ross scholarship for general proficiency, Miss Bessie Gordon McLean, Carleton Place; highest standing in examinations, Miss Helen M. Cartwright, Toronto; the Dr. K. C. McIlwraith prize in obstetrical nursing, Miss Evelyn Fraser, St. Anne's Bay, Jamaica; the Mrs. R. B. Hamilton prize for neatness in room, Miss Mary Keegan, of St. John's, Newfoundland; the Arthur McCollum Memorial Scholarship, given by Mrs. Chas. L. Kyle, for general proficiency in intermediate year, Miss Margaret Helen MacLennan, and in the same year the prize for highest standing in examinations was won by Miss Mildred J. Laschinger, of New Hamburg.

Mrs. J. W. Flavelle presented the school pins and diplomas to the graduates: Alda Marguerite Boland, Laura A. Beal, Margaret Bowman, Kathleen Baird, Irene Brayley, Mildred M. Browne, Irene Chiswell, Grace Agnes Campbell, Frances Carroll Coles, Isabel Mitchell Cartwright, Helen Marjorie Cartwright, Annie Grassie Creighton, Grace E. M. Cruise, Mabel Beatrice Crawford, E. Muriel Cresswell, Josephine Margaret Devins, Emily Mary Donald, Kate E. Deadman, Josie Christina Dymont, Gladys Elliott, Annie Edgar, Evelyn Fraser, Bertha M. Fife, Florence H. Glazier, Beatrice E. Green, Ruth Marie A. Hanna, Mabel Victoria Hicks, Maude R. Hurst, Elizabeth Jones, Mary Keegan, Marie M. Kastner, Elva M. Lavis, Kathleen F. Nevin Leslie, Florence G. Leadley, Maclena Lindsey, Jessie M. Livingstone, Vida B. Loughheed, Clara B. McBride, Mabel McKnight, Bessie Gordon Maclean, Kathleen McNamara, Mary Irene McNevin, Christine M. MacNain, Mary Christine MacCallum, Elizabeth Havergal Moss, Louise Gartside Moore, Katherine Meek, Mary Gwladys Peters, Irene

Reid, Margaret G. Small, Leslie Shearer, Eileen Mary Symons, Ethel A. Smithers, Ann Middleton Strang, E. Ethlene Scholey, Pearl Elizabeth Stephenson, Mary Ellen Steckley, Lillian Esther Thomas, Mary Olive Turner, Phyllis I. Temple, Edna Frances Veitch, Margaret Waters, Bertha C. Woolford, Flora M. Wilson, Gertrude J. Williams, Ethna Neil Wright, Mary Ann Wheeler, Gertrude I. Wellwood.

TORONTO WESTERN HOSPITAL DIPLOMAS

THE Toronto Western Hospital held their eighteenth graduating class of the Training School for Nurses in the board room on May 31st. Hon. W. D. McPherson presided.

A report of the school was given by the Superintendent of nurses, Miss Beatrice Ellis, and a short address by Major Dr. John McCullough, who spoke on the prevention of disease and the relation of the nurse thereto.

The diplomas and class pins were presented by Mrs. W. D. McPherson, the scholarships and prizes being presented by the donors.

A reception was held on the lawn for the relatives and friends of the graduates, which was followed by a dance in honor of the graduating class.

Among those to receive special award were Miss Mary Atkinson—scholarship for general proficiency—awarded by Dr. Albert MacDonald. Miss Isabel Shortreed, first prize for surgical technique, by Dr. Clouse; Miss Dorothy Prunner, second prize for surgical technique; Mrs. H. C. Tomlin, Miss Mary Atkinson, gold medal for general proficiency and obstetrics, presented by Dr. Stowe Gullen on behalf of the Ladies' Board. Miss Effie J. Smith, first prize for highest marks in anatomy, presented by Prof. John Ferguson. Miss Esther Barry, first prize, highest marks in surgery, presented by Dr. J. F. Hart; Miss Rebecca Bell, highest marks in medicine—Mrs. Thomas Findley, Miss Jessie J. Campbell, gold medal for general proficiency in the intermediate year by Dr. W. Custer Heggie. Miss Elgin L. Lough, prize for general proficiency in junior year, by Mrs. Thomas Crawford. Miss

Mary Atkinson, prize for highest marks in massage, by Miss Mary Dickson.

The following received diplomas: Miss Mary A. Atkinson, Holland Centre, Ont.; Miss Esther Baird Barrie, Toronto, Ont.; Miss Rebecca Bell, Pinkerton, Ont.; Miss Margaret M. Earls, Wroxeter, Ont.; Miss Ethel M. Kohler, Toronto; Miss Eva F. Linn, Belleville, Ont.; Miss Jean MacKenzie, Clarke, Ont.; Miss Estelle Norris, Goldstone, Ont.; Miss Mary Agnes Porter, Toronto; Miss Isabel M. Shortreed, Guelph, Ont.; Miss Elizabeth E. Shortreed, Guelph, Ont.; Miss Elina T. Johnson, Dartmoore, Ont.; Miss Minnie Steele, Toronto; Miss Dorothy C. Pruenner, Zurich, Ont.; Miss Lillian Turnstebel, Uxbridge, Ont.; Miss Effie J. Smith, Oshawa, Ont.

GRACE HOSPITAL, TORONTO, GRADUATES

THE Metropolitan Assembly Rooms were thronged on June 5th for the Graduating Exercises of Grace Hospital, Toronto, when, in the absence of Mr. E. R. Wood, Chairman of the Board of Governors, Mr. J. E. Atkinson occupied the chair.

There are thirty or more graduates of Grace Hospital serving with the colors, and some twenty of the staff doctors, while from seventy-five to eighty per cent. of the house surgeons are serving.

The address to the graduates was given by the Hon. W. D. McPherson, Provincial Secretary, who said it always afforded him pleasure to be at a function of this sort.

He paid a glowing tribute to nurses and their assiduity to their chosen profession. In his long practice in the courts, when cases came up in which nurses had to testify, their evidence always carried conviction to judge and jury, so clear and lucid was the manner in which it was given, with reticence where needed, and this invariably evoked congratulations from the judge. It proved, said the speaker, that nurses heeded the dignity of their calling.

Following the address, Miss Rowan administered the Florence Nightingale oath to the blue-uniformed, white-aproned nurses, "who are an extremely pretty bunch," to quote an

onlooking man. Mrs. W. H. Harris distributed the diplomas and school pins to the fourteen recipients, whose arms were filled with crimson roses presented by Mr. E. R. Wood, and the rest of the programme was as follows:

Presentation of staff's gold medal for highest standing in final examinations, to Miss Jessie Westwood, by Dr. R. C. Griffith; staff's silver medal for second place in final examinations, to Miss Zuliem E. Perrin, by Dr. J. H. McConnell; the Van der Smissen medal for general proficiency, to Miss Mary B. Cassie, by Dr. F. A. Cleland; Mr. R. B. Hamilton's prize for neatness to Miss Margaret McKinnon, by the donor; Dr. Herbert Holmes' prize for highest standing in anaesthesia, to Miss Grace McQueen, by Dr. R. A. Stevenson; cases of instruments to the graduates from the Staff, by Dr. W. H. Harris; staff prize for highest standing in examination, second year, to Miss Lily Hall, by Dr. C. E. Treble; Staff's prize for highest standing in examinations, first year, to Miss Lula J. Dyer, by Dr. H. C. Wales; Dr. E. Rae's prize for skill in bandaging, to Miss Lucy Moors and Miss Winifred J. Boyes, by the donor; Dr. W. J. Defries' prize for highest standing in anatomy, first year, to Miss Lula J. Dyer, by Mrs. J. H. McConnell.

In the graduating class were: Mary Brown Cassie, Shelburne; Zuliem Edwina Perrin, Bailieboro; Emma Dorothy McWilliams, Toronto; Jessie Louise Goodman, Toronto; Margaret McKinnon, Tiverton; Grace Kirkpatrick McQueen, Freelon; Jessie Westwood, Birmingham, England; Marjorie Maude Wilson, Toronto; Harriett E. Craig, Barrie; Mabel Beatrice McMaster, Cannington; Mabel Isabel Finlayson, Lorne; Jessie Rose MacLellan, Welland; Hannah Wilson, Wingham; Margaret Crosdale, Manchester, England.

NURSES GRADUATE AT K. AND W. HOSPITAL

ONE of the most successful graduation exercises ever held in connection with the Training School for Nurses of Kitchener-Waterloo Hospital was held on May 11th in Kitchener and Waterloo Collegiate Institute Assembly Hall. A large crowd was in attendance and the programme provided was of unusual

interest. The chair was occupied by J. B. Hughes, the veteran President of the Hospital Board, and the guest of honor was Hon. W. D. McPherson, Provincial Secretary, who delivered an eloquent address, during which he spoke of the increasing popularity of hospitals and their important relation to the war. The Provincial Secretary complimented Kitchener and Waterloo upon its excellent institution, which he had inspected during the afternoon. The address to the graduation class was delivered by Dr. T. H. Callahan, members of which were: Misses Katherine Cluthe, Doon; Nora Woolner, Kitchener; Jean L. Reynolds, Stayner; Emily V. Eames, Brantford; Margaret Murray, Galt; Corina Fleming, Stayner. The young ladies were recipients of books and prizes from the Hospital Board, the Ladies' Hospital Auxiliary, the Young Women's Auxiliary of Waterloo, and members of the medical staff. Miss F. Clement, Messrs. J. Ellis, W. Wegener, Oscar Rumpel and Dominion Rubber System Orchestra also took part in the programme.

NURSES GRADUATE AT THE GENERAL AND MARINE HOSPITAL, OWEN SOUND

THE graduating exercises in connection with the nurses' training class of the General and Marine Hospital, Owen Sound, took place in the Public Library on May 17th. The graduating class was composed of Misses Millie Evans, Owen Sound; Miss Hazel Falls, Rocklyn; Miss Isabel Henderson, Meady; Miss Lillian Thompson, Tara, and Misses Marie Smith and Harriet Warner, Cobourg. The Florence Nightingale pledge was administered to the graduates by Rev. W. J. Cadman.

COBOURG HOSPITAL GRADUATION

DR. N. A. POWELL, of Toronto, was the speaker at the graduation exercises of the Cobourg Hospital, which took place in the Opera House, Cobourg, on May 17th. Mr. J. D. Hayden, Chairman of the Hospital Board, presided. The hospital class pins were presented to the graduates: Miss Milligan, of Thes-

salon, and Miss Cole, of Plainville, by Mrs. Wm. Barnett and Mrs. J. T. Field. Dr. McNicholl presented them with their diplomas, and Col. Neil F. MacNachtan, C.V.O., presented them with surgical chatelaines in behalf of the Hospital Board. Miss Walsh is superintendent of the hospital.

SUIT AGAINST THE TORONTO WESTERN HOSPITAL

CLAIMING \$5,000.00 for the loss of his teeth, Henri Churni, an Austrian-Pole, entered suit last autumn against the Toronto Western Hospital, and the trial took place last month before Mr. Justice Latchford and a jury. On November 9th, 1916, the plaintiff was working in a munition factory at West Toronto and met with an injury to his eye. He had the eye dressed by a doctor for several days, but was finally admitted to the Western Hospital as a city patient. Whilst in the hospital, it was alleged, he was taken to the operating room and his teeth extracted under an anesthetic, without his consent being obtained. The defence put in by the hospital was that anything that was done to the plaintiff when in the hospital was with his consent and that the person who extracted the teeth was not an employee of the hospital and that the defendants, therefore, were not liable. Further, it was claimed that the Department of Public Health of the City of Toronto claims and exercises the right to examine, by a duly qualified dental surgeon, appointed by such Department, the teeth of all City-order patients admitted to the public wards of the hospitals, and to advise and consult with such patients with respect to the condition of their teeth.

The action was dismissed, the jury considering that sufficient evidence had been put in to prove that the plaintiff was aware that his teeth were to be removed, though he gave no written consent to this being done. Mr. Justice Latchford called the attention of the jury to the fact that the plaintiff had resided in Canada for twelve years, and had, therefore, sufficient knowledge of the English language to understand what was said to him.

Hospital Items

IT is the intention of the Army Medical authorities to move the staff of the Hamilton Hospital to Camp Borden, where they will be under the command of Capt. Macbeth. For the present the hospital duties at camp are being carried on by the Army Medical Training Corps; but when the new arrangement goes into effect they will be removed to headquarters.

TENT accommodation for 400 more patients is being erected at the camp hospital, and when the Toronto Base Hospital is taken over by the Military Hospitals Commission the intention is to send up to Camp Borden all the patients whose condition would permit their removal, leaving the remainder to be cared for by the Hospitals Commission.

THE appointment of the following officers to the Army Medical Corps Training Depot No. 2 has been approved provisionally: To be Captain, Lieut. A. E. Morgan, A.M.C.; to be Lieutenants, Frank Roy Smith, Harold John Irvine, Nicholson William Furey, Chas. R. McTavish, and Chas. Vincent Scott. The employment of Nursing Sisters Louise Montgomery, Mabel May Skinner, Georgina Mitchell and Olive Hatley at the Toronto Base Hospital has been approved.

THE plans have been prepared for a new St. Mary's Hospital which is to be built at Kitchener. It will consist of a main building of three storeys and a nurses' home for the Sisters, and, it is hoped, will be completed before the end of the present year.

ARRANGEMENTS have been made to increase the accommodation in the Galt Hospital by converting the present dining-room into a children's ward. It is also proposed to provide additional accommodation for the nurses, probably by building another cottage.

THE contracts have been let for the sanatorium at Fort Qu'Appelle, Sask., and building has been commenced. It will be remembered that it was the intention to build the Sanatorium in 1914 but the work was interrupted because of the war.

War Hospitals

HART HOUSE, TORONTO, TAKEN OVER BY THE MILITARY HOSPITALS COMMISSION

THROUGH the kindness of the trustees of the Massey estate, Hart House, on the University of Toronto site, is to be made available for work of the Military Hospitals Commission. With this building the Commission is enabled to undertake on a large scale the very important work of re-educating the men suffering from physical and mental disabilities. Mr. E. A. Bott of the Department of Psychology, University of Toronto, has been carrying on some of this work on a small scale in the Psychological Laboratory in the main University building. He and his three helpers will transfer their activities to Hart House, and work under the direction of the Military Hospitals Commission and the Army Medical Corps.

Captain E. Ryan, Chief Medical Officer for "D" unit, M.H.C. was engaged in work of this kind overseas, and when, at the request of Mr. S. A. Armstrong, Director of the M.H.C., he was recalled to Canada by the Army Medical Corps, one of the first requests he made was for the installation of work of this kind in Canada.

This work should not be confused with vocational re-education. This University re-education is for the purpose of instructing men with disability how to overcome it; for instance, if a man is partially paralyzed we have apparatus to ascertain the degree and area of insensitivity. We have also every apparatus by which a man is enabled to restore himself to normal. The laboratory showed great varieties of devices and objects which a soldier with an artificial leg, paralyzed arm or stiff finger works with. He is taught how to lift his artificial leg over hurdles, how to bring his finger and thumb together in a firm grip, and so on. Not until the soldier learns the use of his disabled member can he be taught how to apply it to a trade.

Hart House will be used in conjunction with the Orthopedic Hospital at North Toronto. The surgical phase of the crippled soldier's treatment will be carried on at North Toronto and the re-educational phase at Hart House. The Commission will arrange transportation facilities for moving men from building to building as may be found necessary.

Hart House was originally designed as a gift from the Massey estate to the University of Toronto for the use of the entire male student body. It was intended as a social centre where the informal education of the student would be carried on, the intention being to present the building completed, but when war broke out, during construction, the directors were slowed up, and the building has been used for military purposes ever since. The School of Musketry is in the north wing, and the re-education for crippled soldiers will be carried on in the south wing, where Mr. Bott says there are a number of individual rooms which ideally suit the work. Colonel Vincent Massey, one of the trustees who was moved to divert the building to the M.H.C. by his observation of some of its wonderful work at the University, states that the finishing of whatever portion of the works are required will be hastened.

NEW ORTHOPEDIC HOSPITAL, DAVISVILLE

THE first patients to occupy the new Orthopedic Military Hospital at North Toronto arrived in the city on May 25th, but owing to the seriousness of their condition were not tendered any civic reception. The patients numbered nineteen and were brought here in a special Hospital Car and removed from the station in ambulances. Capt. F. L. Thompson, formerly of Spadina Military Hospital, is the Medical Officer in charge, and with him are Capt. (Dr.) Leatherdale and Nursing Sister Powell. Dr. W. E. Gallie will direct the Orthopedic work, for which the institution is specially intended. Miss E. A. Sherwood is the organizing dietitian and will be succeeded by Miss Haslett. The Hospital is not yet fully equipped for a large number of patients, but the wards of the Booth Memorial Build-

ing are all ready and equipment is being installed as fast as the factories can deliver it. The artificial limb factory is on ground adjacent to the Hospital.

AMERICAN HOSPITAL UNIT ON WAY TO FRANCE

THE members of Northwestern University Hospital Unit No. 12, from Chicago, passing through Canada to France, were given a reception during their short stay in St. Thomas on May 17th. At noon the Daughters of the Empire served light refreshments, and the members of the convent presented each man with a British flag. Among the nurses in the party was Miss Eva Silcox, daughter of E. A. Silcox of Frome, near here, and whose brother, Trooper Hugh Silcox, fell at Vimy Ridge.

CANADIAN BASE HOSPITAL

A MAIN base hospital for Canadian troops probably will be established at Liverpool. It will provide accommodation for at least 1,500 convalescent Canadian soldiers. The site is now owned by church interests. It comprises sixteen acres.

THE number of men under the care of the Military Hospitals Commission increased from 5,952 to 6,515 in the first week of May.

The figures issued by the Commission show that on May 8th there were in the Convalescent Hospitals 2,155 men returned from overseas, and 435 camp men with 2,474 overseas and 1,140 camp men on the out-patients' lists, making a total of 5,504 convalescents.

In the Sanatoria for Tuberculosis on the same date there were 396 overseas and 212 camp men, besides six overseas and four camp men as out-patients, making a total of 618 under this heading.

At other institutions there were 307 overseas and 83 camp men, besides three overseas men as out-patients, a total of 393.

Military Hospital Notes

QUEEN ALEXANDRA attended the Canadian matinee at His Majesty's Theatre, on May 11th, in aid of the Blinded Soldiers' Hospital. Four hundred wounded Canadians filled the pit. The remainder of the house was packed. Over \$2,000 was raised by auction of pictures.

ON Wednesday afternoon the Queen, with Princess Mary, visited the Haslar Royal Naval Hospital at Portsmouth, England, and opened a new block of buildings, a gift from the women of Canada to the navy. Her Majesty also opened an electro-therapeutic department, a war gift to the navy from the children of Johannesburg and the Rand.

THE beautiful home of the Returned Soldiers' Association at Kitchener, Ont., was formally opened on May 9th by Col. L. W. Shannon of No. 1 Military District, London, in the presence of a large and representative crowd.

To provide for the increasing number of returned soldiers desiring an agricultural training, the Government of Alberta has arranged to keep one of the Provincial Schools of Agriculture in operation throughout the year. In the ordinary course, these schools are closed from April 1st to November 1st.

The school chosen is situated at Olds, 58 miles north of Calgary, on the Edmonton line. There the men will receive twelve months' instruction, with the option of taking it either continuously for a summer and a winter, or in two winter courses separated by an interval which they can spend on a farm.

In Saskatchewan the Commission has made arrangements by which the returned men will be trained at the Agricultural College of the Provincial University at Saskatoon. Courses of instruction, shorter and more intensive than those provided for ordinary students, have been planned for the ex-soldiers.

In Manitoba the Military Hospitals Commission has taken over the old Agricultural College at Winnipeg. There soldiers will be able to get instruction and practice in many branches of land work.

Mrs. W. A. A. KIP, Jr., of South Orange, N.J., has offered her services to the Military Hospitals Commission, and her offer includes one of the Thousand Islands, half a dozen buildings suitable for a Convalescent Hospital, and a personal staff to conduct the institution. As the terms of the offer include the paying of all bills, it is likely that the Military Hospitals Commission will accept it.

THE trustees of Pickering College turned over the keys of the institution to the military authorities at Ottawa on May 21st, since which date Quartermaster Hill, a returned wounded soldier, has been in charge. Several alterations have been made in the building and several carloads of furniture have arrived. Fifty beds which were previously used in the college are being utilized by the military authorities, but the balance of the furniture has been stored in the attic. The premises will be used for wounded and invalided soldiers, and it is anticipated that the Newmarket people will provide entertainments for the patients from time to time.

THE United States, as distinguished from individual American citizens, commenced on May 25th their active participation in the war on the French front. The Star Spangled Banner has long been seen flying from ambulances admirably equipped and gallantly served within the zone of fire by ever-growing bands of young volunteers, and at the rear by some of the most skilled physicians in the New World. Now a larger national effort commences. It was small but good and characteristic—a convoy of American motor transport service consisting of five-ton waggons of the best type, driven by khaki-clad youths, most of them undergraduates of Cornell University. They left their Base Camp on May 24th under Capt. Tinkham, who won the French War Cross for his work with the Verdun ambulances. Other sections are now in training in France, in which Harvard, Yale, Chicago and other Universities will be specially represented, preparatory to the arrival of the regular army units.

Capt. C. A. Publow, C.A.M.C., of Picton, Ont., has been appointed Adjutant of the Bramshott Military Hospital.

Capt. (Dr.) M. M. Crawford of the Staff of the Orpington Hospital, Kent, England, has been promoted to the rank of Major.

It is reported that an offer of a Base Hospital for service in France has been made to the Government by the medical men of Winnipeg.

Lieut.-Col. Walter McKeown, Toronto, who was on the Pension Board in England for nearly two years, has been assigned to surgical duty at the Kitchener Hospital, Brighton, England.

Dr. W. T. Connell, Professor of Pathology, Bacteriology, and Sanitary Science in Queen's University, has been appointed to the command of the new Queen's Military Hospital at Kingston, Ont.

Organization of a Canadian Military Hospital at Basingstoke is authorized, with Col. J. A. Roberts, Toronto, as commandant. A Canadian Military Hospital at Broadstairs is authorized as a convalescent officers' hospital, with Lieut.-Col. Perry Goldsmith, Toronto, as commandant.

Lieut.-Col. T. P. Bradley, C.A.M.C., of Sarnia, Ont., who went overseas as medical officer of the 149th Battalion, is now second in command of the Convalescent Hospital at Buxton, Derbyshire, England.

Capt. John Thomson MacCurdy, B.A., a graduate of University College in 1908, has been given an important staff appointment at the Maida Vale Military Hospital, Hyde Park, London, England. Capt. MacCurdy is a son of Professor MacCurdy, who was formerly on the staff of Toronto University.

Personals

DR. J. G. WRIGHT has been appointed Medical Superintendent of the Kingston General Hospital. Dr. Wright was for some time on the staff of Rockwood Hospital for the Insane.

The Council of the College of Physicians and Surgeons of Ontario have announced the result of the May examinations, as follows:

Howard Ryerson Adams, R. R. No. 2, Freeman; Norman E. Betzner, 359 Fairford Street, Moose Jaw, Sask.; York Blayney, Toronto General Hospital; Arthur John Boyce, Goderich; Ernest Alfred Broughton, Whitby; William Elmer Brown, R. R. No. 3, Gananoque; Frederick John H. Campbell, 845 Queen's Avenue, London; Thomas Fitzroy Cartar, Queen's University, Kingston; Thomas Crossan Clark, 29 Cross Street, Dundas, Ont.; Robert Dennis Collier, Picton; Isaac Cohen, Sault Ste. Marie; Wilmer Lloyd Denney, 610 Dundas Street, London; John Ferguson Doyle, 398 Brock Street, Kingston; William Harold Ernest Vernon Duffett, Adolphustown; Duncan D. Ferguson, R. R. No. 6, St. Thomas; Hans Olding Foucar, 598 Princess Avenue, London; Nicholson William Furey, 71 Brooklyn Avenue, Toronto; George D. Gordon, 240 Alfred Street, Kingston; Malcolm Geo. Graham, Rodney; William Lindsay Graydon, 527 Brock Avenue, Toronto; Arnold Grisdale, 226 Victoria Avenue, Niagara Falls; James Harrison Howell, Welland; Leslie Melrose Jones, Chesley; James Albert Key, R. R. No. 2, Shanty Bay; George Franklin Laughlen, Point Anne; Patrick Leacy, Lanark; Frederick William Leech, Newboro'; Archibald Edward MacKenzie, 148 Westminster Avenue, Toronto; John William MacKenzie, 590 Indian Road, Toronto; Geo. Walter MacNeill, 1372 4th Avenue, Owen Sound; Thomas Nahum Marcellus, Finch; William Mervyn Martyn, North Bay; William Thos. Burton Mitchell, Watford; Clarence John Archibald McKillop, 20 East Street,

St. Thomas; William Charles O'Donoghue, Smith's Falls; Albert Phelps, 169 Gladstone Avenue, Windsor; Harry Albin Rawlings, 28 Dalton Road, Toronto; Joseph Whittier Reddick, 437 Crawford Street, Toronto; John Alexander Renwick, 568 Wellington Street, London; Percy Roy Shannon, 9 Elizabeth Street, St. Thomas; Frank Roy Smith, Box 226, Barrie; Donald Jabez Taitt, 814 Pacific Street, Brooklyn, New York; Charles Archibald Wells, 10 Alhambra Avenue, Toronto; Percival A. Williams, 4 Lampport Avenue, Toronto; James McStay Young, R. R. No. 2, London; Robert Stanley Murray, 35 Glenmorris Street, Galt.

At a recent meeting in New York of the American Section of the International Association of the Medical Museums, and which was largely attended, Dr. Oskar Klotz, Professor of Pathology and Bacteriology at Pittsburg, was elected President. The Association, through him as President, wired its services to Washington in the present emergency. Dr. Klotz expects to sail for France next month in charge of a Hospital Unit. He is a graduate of the University of Toronto; a son of Dr. Otto Klotz, Dominion Astronomer, of Ottawa, and grandson of the late Otto Klotz, well-known to a past generation as an ardent supporter of British traditions.

The Medical Alumnae of the University of Toronto gave a very enjoyable tea at the Sherbourne House Club on May 19th, in honor of the women students in Medicine at the University. Dr. Helen MacMurchy, the President, received, and Dr. Stowe Gullen poured coffee. Among those present were: Miss Bollert, Dr. Humè, Dr. Isabella Wood, Dr. Catherine Woodhouse, Dr. Skinner Gordon, Dr. Margaret Gordon, Dr. Jane Sproule, Dr. M. Calder, of Wingham; Dr. Jennie Smillie, Dr. Dorothea Orr, Dr. E. R. Gray, Dr. Burt-Sherratt, Mrs. Hudson, Mrs. Henderson, Mrs. George Biggs, Dr. McConnell, Dr. Cunningham, Dr. Ida Lynd.

Selected Articles

SOME HOSPITAL PROBLEMS

LAWRENCE W. LITTIG, A.M., M.D., M.R.C.S., DAVENPORT,
IOWA.

THE investigation and classification of hospitals, as now proposed by several agencies, is important, and promises good for both medicine and surgery.

Never have there been so many good surgeons as now, never has surgery been so well done, never have the results been more brilliant. It would be equally true to say that never has there been so much ill-advised operative interference, with such disastrous results, as now.

Of the factors which make for good surgery, the modern, well equipped, well managed hospital takes first rank. Here is found every aid and incentive to better and yet better work; but well equipped as it may be in things material, the hospital which places its wards and its operating rooms at the disposal of all alike is a menace to the community. I refer to the open hospital as usually conducted in communities of from 3,000 to 100,000 inhabitants. Any criticism or suggestion I may make will be confined to such hospitals and will not refer to large city hospitals or to hospitals connected with medical schools. The open hospitals permit any practitioner to assume the gravest responsibilities within their walls, place their facilities at his disposal, and even provide him with a camera obscura which protects both him and the hospital from criticism and, too often, from well-merited censure.

While it is true that the internist must face the most difficult and perplexing problems, yet there will always remain this difference between the internist and the surgeon: The internist's sins are those of omission, while the surgeon's sins

too often are the sins of commission. Of the good done by surgery, I shall say nothing. Of the harm done in the name of surgery, there is no need to say much. How often we have listened to the story of repeated operations, the first perhaps poorly done, or wide of the mark, with a progressive aggravation of symptoms! We have all heard of the young married woman whose pelvis has been "cleaned out" by some operator. The open hospital is responsible for most of such work done in the name of surgery. I know of such a hospital with fifty beds, to the wards and operating rooms of which a hundred general practitioners of medicine have the privilege of bringing their patients. My informant reported this particular hospital as a closed hospital. When asked to name one physician within a radius of 25 miles who is denied the privileges of the hospital, he was unable to do so. He compromised by insisting that the hospital is not wide open, although he did not explain how it could be opened wider. That all the physicians in a given community are doing good work, within or without a hospital, is not claimed by any one.

THE STAFF.

It has been said that "the staff makes the hospital," or, "as is the staff, so is the hospital." While practically true, these statements do not apply to the open hospital, because most open hospitals either have no staff at all, or have a nominal staff which meets "once in ten years," or "when a row is on." The great characteristic of the usual open hospital staff is an all pervading inertia, the most effective barrier to progress, and an utter failure to grasp the prime function of a hospital staff.

As I said in a former paper, written after investigating the hospital situation in a midwestern state: What is the chief function of a hospital staff, "The answer is very simple. The chief function of a hospital is to educate itself, individually and collectively, better to discharge the duties and obligations incurred by its members in accepting staff appointments. To serve its purpose, a staff must hold frequent meetings, at which not only hospital problems, but more especially medical problems must be discussed. Interesting cases must be presented

for consideration. As failures are often more instructive than successes, these should be reported for free discussion. It is especially important that the causes of 'accidents' be thoroughly investigated and the responsibility fixed. Staff members should make frequent visits to medical centres, and every member making such a visit should present whatever is worthy for the benefit of his fellows. The operating room should be open to staff members and assistants at all times, and all operations should be bulletined. A weekly staff conference should be the rule in every hospital. As many members as possible should be invited to study interesting cases in the wards. Necropsies should be bulletined, and pathologic specimens carefully studied. In this way the experience of each staff member will become larger. It might be well for the staff to organize itself into a current medical literature club, the better to keep abreast of the times, and also to have its members present synthetic reviews on various topics, thus taking an active part in medical society work. With the improvement of the staff individually and collectively as the prime motive in staff organization, increased staff and hospital efficiency, and better service to the patient will be sure to come."

All this may seem elementary to those connected with great teaching and research hospitals, yet I failed to find one open hospital in the Middle West in which the staff either realized its opportunities or profited by them, along the lines suggested. Real progress will not be possible in these hospitals until the staff members realize their delinquency, and become fired with a desire and an ambition to improve themselves. To feel the spirit of progress, and to feel the need of improvement are the all important first steps which will lead to better things. Unfortunately, this spirit is still unborn in the great majority of open hospitals in the Middle West.

ROENTGENOLOGIC AND LABORATORY SERVICE.

The introduction of a good Roentgen-ray apparatus, and the establishment of clinical laboratories have acted as soporifics rather than as stimulants. It matters not that the ambitious operator reads into roentgenograms, even in bone cases, whatever his fancy may suggest; or that the laboratory reports are

amateurish, or their interpretation anything but correct. Only recently I heard the president of a county medical society, in his retiring address, say: "With the X-ray and the laboratory, we are all equal; all of us can do our own work; consultants are no longer necessary."

Nothing can be hoped from men who blindly follow laboratory diagnoses instead of doing independent thinking. The day has not yet arrived, and never will arrive, when the Roentgen-ray and the laboratory will make all men equal.

THE PUBLIC AND THE OPEN HOSPITAL.

The evils of the open hospital of to-day do not appear to be self limited; there is no promise that they will be corrected from within; their eradication seems to demand some powerful influence from without. Publicity is the only efficient weapon. Once fully cognizant of the relative merit of different available hospitals, the public will make its influence sharply felt, to the advantage of the better hospital. If the hospitals of a given community are not high grade, the sick of that community, whenever possible, will seek relief in better hospitals, wherever they may be.

Evidence that the public is taking notice is furnished by the situation in one Middle West community: A religious organization built a hospital, accepting contributions from nearby practitioners, with the distinct understanding, it is said, that the hospital would be open to all physicians for the care and treatment of patients. One of the contributing practitioners, again, "it is said," made a contribution so much larger than any of the others that he was elected surgeon to the hospital. The surgical patients of the other practitioners were not accepted unless the hospital surgeon assisted at the operation, and received half of the fee. The hospital management, appealed to by the disconcerted practitioners, sustained the hospital surgeon. The courts will now be asked to decide whether a hospital board, after accepting contributions with the understanding that all practitioners be accorded equal privileges, may select one man to do all the surgery.

A successful hospital in one of the old middle states pays its surgeon a fixed salary; he resides in the hospital, and does all the general surgery.

THE RESTRICTED HOSPITAL.

These two instances are the antitheses of the open hospital. Closed hospitals may be undemocratic, they may not promise the best for either the profession at large or for the general public; but somewhere between them and the wide-open hospital there will be found a plan which will give every properly trained and right minded man an opportunity to work out his destiny, and which will protect the community. The open hospital must be transformed into a restricted hospital, and by a method that is fair—such a one as this: When a properly trained but untried licensed practitioner asks to use the operating room, the answer will be: "Yes, but like every other man operating in this house, you will bulletin your operation the evening before. The superintendent of the hospital and one or more staff members may be present. You are on trial, but so long as you have any privileges here, you will have all the privileges. You are welcome in the operating room when others operate, and at weekly staff conferences. If your work is satisfactory, you may come again, and after a few years you may be elected to staff membership. But if your work is not satisfactory, why, we shall regretfully inform you that we have no unoccupied beds. This is not a closed hospital, but it is a restricted hospital."

I believe that the remedy is in sight, and that the next few years will witness much better work done in the type of hospital under consideration. The agencies which will bring about the desired change are several. As stated above, publicity is the most efficient weapon. A hospital management or a hospital staff which fails to react to ordinary stimuli will promptly take notice when the standing of the hospital in the community is menaced. Investigation and classification of hospitals, as planned by the American College of Surgeons, promises splendid results. I know that even the possibility of such action by the college has been productive of good.

THE HOSPITAL FIFTH YEAR.

Another agency which cannot fail to make its influence felt, perhaps even more sharply than the American College of Surgeons, is the hospital fifth year, soon to be required by both medical schools and State examining boards. Minnesota, Penn-

sylvania, New Jersey, North Dakota, Illinois and Rhode Island have already taken definite action. The hospital fifth year not only will have a beneficent influence on the candidate for the degree and for the State license, but also will make it necessary for both medical schools and state boards to know whether or not the work done in a given hospital entitles it to recognition. The schools and the state boards must investigate the hospitals seeking internes. These keen-eyed young internes will report back to the medical school, and, possibly, to the state board. Their influence on the hospital will be most salutary.

THE NURSES' TRAINING SCHOOLS.

Many hospitals, however, do not employ internes, and these will not be influenced by the hospital fifth year, or by the medical schools. The American College of Surgeons can reach them, but there is one other opening which will enable state boards to investigate and largely control them. All of these hospitals have training schools, and every graduate of the training school must present herself before the state board for examination, to secure her certificate of registration. This gives the board the opportunity and the right to acquaint itself with the work done in the school, to know whether the young women seeking recognition have been properly instructed, or whether they have been chiefly useful as revenue producers, by being assigned as special nurses to private patients, at 15 or 20 dollars per week, and this while still on probation. I have known this to be done, not once but repeatedly. I have known a young woman to write her parents during the third month of her training, while still a probationer, that she was getting along famously, having been assigned to "special" duty, and all this in a hospital pretending skilled service to the sick, but really conducting its training school for revenue.

I should like to say, "As is the training school, so is the hospital," because a good training school in a poor hospital is unthinkable, and the converse holds equally true. The state boards cannot classify hospitals, because the friends of a discredited hospital would immediately rise in arms, would term the action of the board arbitrary and unfair, and would set in motion political machinery embarrassing to the board, or to those

members of the board considered responsible. But the board can inspect the training school, and carefully examine all applicants for state license. Should candidates be sent back for three or six months' additional preparation, neither the hospital itself nor its friends could protest without directing attention to the shortcomings of the training school.

It sometimes happens that a young woman, early in her course in training, comes to a realization of the fact that the instruction she is receiving is far from satisfactory. Let her try to gain admission to some other school, even if willing to forfeit the time already spent in training, and she will apply to many before attaining her object, if she succeeds at all. She will be requested to present a satisfactory certificate from the head of the school in which she is a pupil, and begin again as a probationer. The second requirement is not so objectionable; in fact, in many cases it is entirely reasonable; but an "honorable discharge" is not always to be had for the asking. The candidate for admission to the training school is on trial for three months, and at the end of this time she may be received or may be sent away. Would it not be fair that she be given a certificate at this time, stating that her probationary period has been satisfactory, and be granted the option to remain or to seek training elsewhere? These credentials might not be accepted by other schools; but they would be equivalent to an "honorable discharge," and enable her to enter another school without being required to ask her principal for a certificate of character and class standing, difficult to obtain should work be crowding and nurses none too plenty, or an exodus of nurses feared. More likely, she would be branded as a disloyal discontent, and the desired credentials refused. To be accused of disloyalty and discontent covers a multitude of virtues, in a training school pupil.

It is manifestly unfair to compel an inexperienced but intelligent young woman to spend three years in an inferior school just because she made a poor selection at the outset. The present arrangement is much in favor of the poorer hospitals and poorer schools. Their pupil nurses simply cannot get away, even when willing to forfeit all the time already spent in training. At my request, a young woman wrote twenty-five letters

to as many different hospital training schools, asking for admission, and stating that she had spent one year in a local school, but that she felt she was not receiving the training she desired. Twenty-five replies were received, but not one school would accept her. The usual answers were, "We do not accept pupils from other schools," "We will not consider your application at all so long as you are in another school," or "You must first secure an honorable discharge from the school you are now attending." In no school would there be a vacancy for months. She had started wrong, and there was nothing to do but remain where she said she had begun. Only a few days ago, a hospital director, a physician, expressed himself thus on this point: "The record and standing of every nurse ought to be in writing, and given her whenever desired. As matters now stand, the intelligent, ambitious girl who comes to a realization of the fact that the training she is receiving is very inferior will not be received by another school, as the necessary papers will most likely be denied her, especially if other trainers are apt to follow."

In this great democratic country of ours, only the young woman in a training school is subjected to such thralldom. It is not fair. Of all women, none are quite so helpless as the pupil in a training school. Of all women, few are more autocratic, few more relentless, than the average head of the training school. It is quite time that a more liberal spirit should make itself felt in behalf of the young woman in training. The American Hospital Association might well consider this matter.

A NATIONAL BENEFACTOR

THESE stirring times recall in some respects the days of good Queen Bess, when great fights were fought in England's name on sea and land. The men of Devon were the heroes of the Elizabethan age. They have been immortalized in song and story. Kingsley's "Westward Ho!" tells of some of their valiant deeds, and it is with justifiable pride that Devonshire men now sing:

Spirits of old-world heroes wake,
By river and cove and hoe;
Grenville, Hawkins, Raleigh and Drake
And a thousand more we know.

Great would be the amusement of those knights of old if they could revisit the land of their birth in these wonderful days. What a grand time Raleigh would have! He it was who first grew potatoes in the old land. After discovering them on one of his famous expeditions he planted them on an estate in Ireland, which had been presented to him by his Queen. The French named them "the apple of the earth," and now they are so much in demand they are sometimes called "underground strawberries."

From the modern point of view Sir Walter Raleigh conferred an even greater blessing on the nation through another of his discoveries. He found tobacco on the plantations of Virginia in the sixteenth century, learnt the joy of smoking, and introduced the English people to its benefits. It is related that he one night walked into the Mermaid Tavern in London and invited all present to smoke. Ben Jonson was there and after the first few puffs this is what "rare Ben" had to say: "Tobacco, I do assert, is the most soothing, sovereign and precious weed that ever our dear old Mother Earth tendered to the use of man! Sir Walter, your health!"

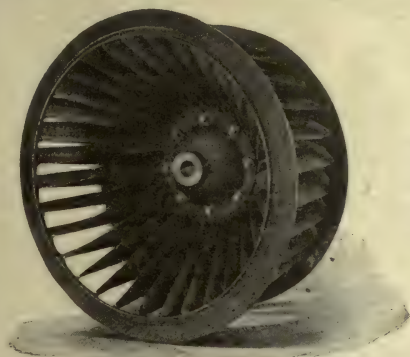
Historians say that Columbus was the first European to discover tobacco. Some give to Sir Francis Drake the credit of carrying it to England, and there is no doubt that it was through the enterprise of those two great Devonians—Sir Walter Raleigh and Sir Francis Drake—that it became a fashionable luxury with the Englishmen of their day.

It is interesting to note that the first use of tobacco seen and recorded by civilization was in the form of a cigarette. History tells us that on the first voyage of Columbus, in 1492, two of his sailors were despatched to explore the Island of San Domingo. They found that the natives carried "small brands of fire" from which they breathed smoke, and on further investigation it was discovered that these "brands" consisted of leaves of tobacco rolled in strips of maize.

With first place in the historical records, the cigarette is now supreme as the purest form in which tobacco can be smoked. Charles F. Loomis has worthily sung its praises in these lines:"

My cigarette! The amulet
My cigarette! My amulet
That charms afar unrest and sorrow,
The magic wand that, far beyond
To-day, can conjure up to-morrow.
Like love's desire, thy crown of fire
So softly with the twilight blending;
And ah! meseems, a poet's dreams
Are in thy wreaths of smoke ascending.

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WE refer readers of THE HOSPITAL WORLD to page iii of the issue. By so doing they will be able to read the announcement of Henry A. Dix & Sons Co., of New York City. This firm make a specialty of the manufacture of Nurses' Uniforms, and which for years have had few, if any, equals as to quality and style. Uniform No. 661 is made of carefully tailored pre-shrunk "Dixie-Cloth." It is a very smart model with low neck, long sleeves and mannish cuffs. The waist has three deep pleats on either side, lending added fullness. This uniform is made in sizes 34 to 46 bust, and sells at \$3.50. Superintendents of Nurses should bear in mind the word Dix-Make.

Wines for Convalescing Patients

F. MOQUIN BROTHERS, 120 St. Denis Street, Montreal, announce to the Medical Profession in Ontario that they have special facilities for the shipment of wines to Ontario purchasers. Their advertisement appears on page xii of this issue, and Physicians will find some interesting information by referring to the same—*Nuf sed.*

Practical Vaccines the Therapeutic Weapon in the Daily Combat of Infections

IN the treatment of infections, the goal should be the permanent cure of the disease. This is therapeutically accomplished by creating in the patient ferments which neutralize and destroy the bacterial ferments and germs responsible for the disease. A vast amount of clinical experience has abundantly proven that germ invasion is overcome by raising body resistance, with the timely use of bacterial vaccines.

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essential factors towards interfering with our well being, and that stimulating cell activities to increased vitality, by the use of bacterial vaccines is one of the important means of defence. Vaccines which contain the most common infecting organisms serve this purpose best. A combined vaccine containing colon bacilli, streptococci, pneumococci and staphylococci is the one usually employed. Bacterial vaccines consist essentially of bacterial proteins and are given in such extremely small doses that no harmful results can follow their administration.

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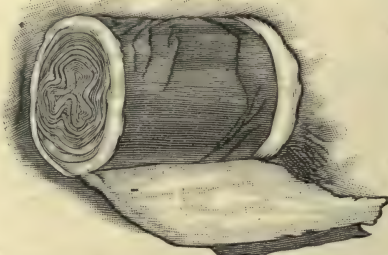
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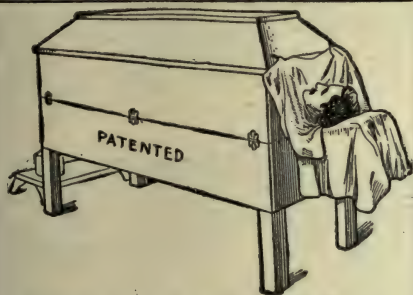
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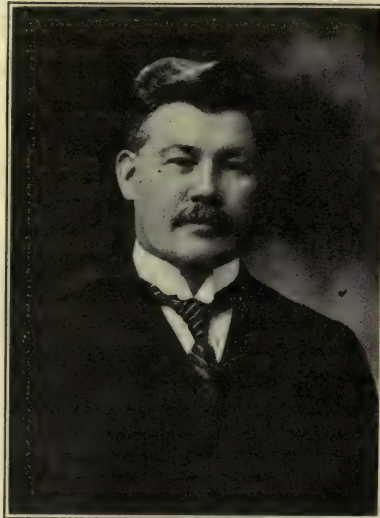
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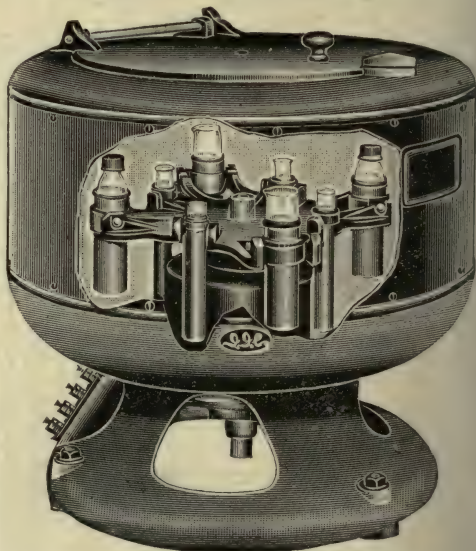


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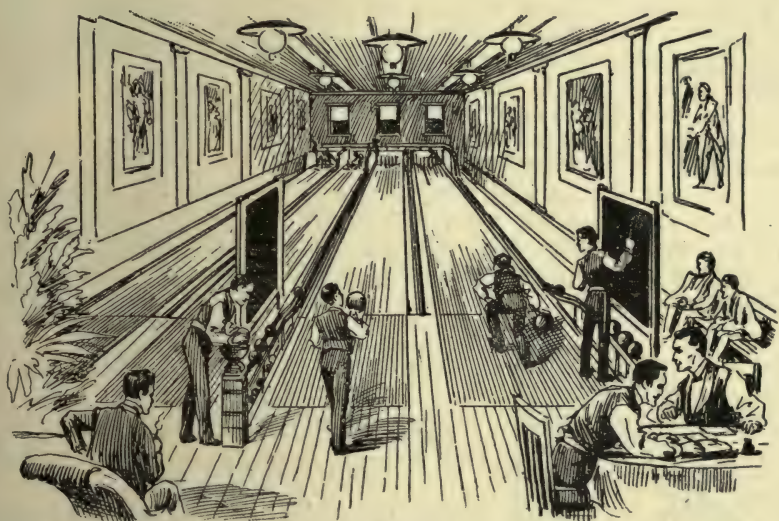
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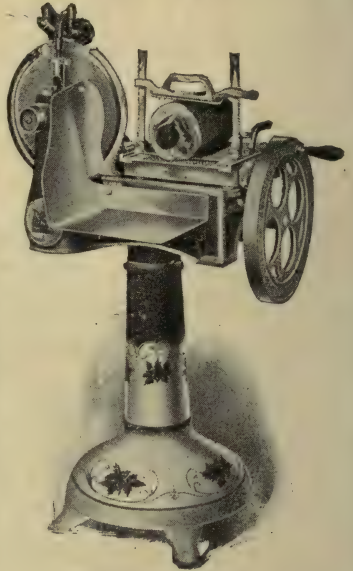
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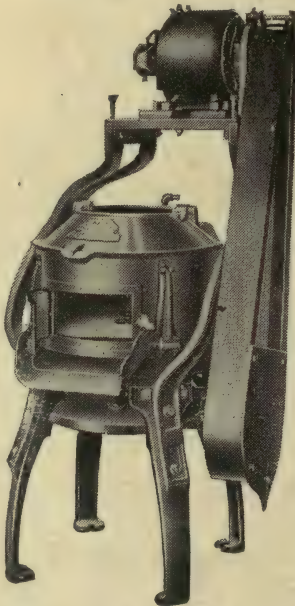
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THE
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Vol. XII (XXIII) Toronto, August, 1917 No. 2

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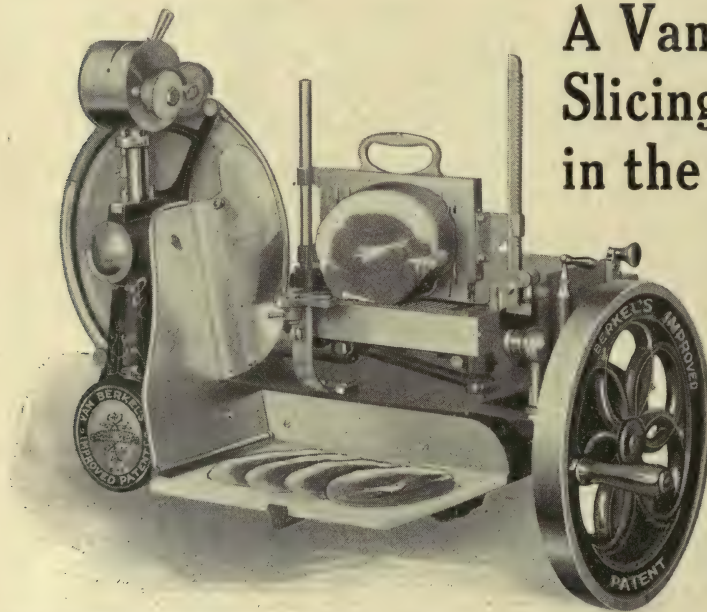
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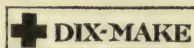
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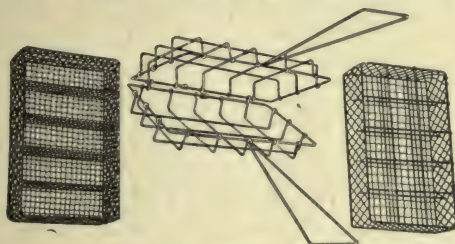
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Vol. XII.

TORONTO, AUGUST, 1917

No. 2

Editorials

CHINA SHAKES OFF THE OPIUM CURSE

PERHAPS you, too, were brought up on the story of the two Emperors of China and Japan, who, when the British, in 1840, sought a market for the India-grown poppy and tried to force the sale (whisper it!) in these two countries, received the proposal in

such characteristically different ways. Said the Mikado to his subjects, "If you use this drug once, you will be incarcerated for a term of years. If again you use it, you die." His country never became its victim. The Emperor of China weakly wept. His people drank in the loathsome drug with avidity, and, worse still, trailed the cursed thing back to the white race, in their dens in the Occident.

While in periods of failing self-control we mourn over the unspeakable ravages of war, we yet hail with joy the miraculous reforms accomplished in every strong nation among the Allies. It buoys up our strong hope that we of the new world may, by a Heaven-inspired effort, purge ourselves of the too-rapidly accumulating faults of modern decadence, and avoid the destructive fate that the relentless scythe of Time has brought to Nineveh and Tyre, to Greece and Rome.

A lesson must be learned from China and its opium-eaters that applies to any drug habit. We are addicted to bromides, cocaine, the by-products of opium, and alcohol, all of which have their origin in some mistaken concept of life, and have as the result the miserable inefficiency of the individual and the race. The astonishing revelations of the reports of all the modern societies for the suppression of vice show us that the addicts or drug victims number in tens of thousands in any single city, the reason for this being the smuggling of these narcotics and furtively educating the boys to use them.

In the young countries of the western continent.

where there is great liberty for the individual, his thought, his speech, his acts, are but slightly controlled, and if this continues up to the point where he need not struggle for existence (either by theft or wealth), he will succumb very easily when he is not responsible to a greater will than his own, for a stated amount of efficient labor per diem. We could do wisely, therefore, to organize ourselves very early against this one of the evils of the wage-earning class, shared alike by the Anglo-Saxon, the lowly negro and the alien Chinese.

It required exactly ten years for China to produce this great reform. Opium, like alcohol, cannot be withdrawn from its victim at a sudden swoop. Men of the business world were allowed six months to purify themselves. No dens were kept open, or apparatus for smoking made, after the same date. Smokers had to obtain licenses. The poppy could be cultivated no more. Import stopped.

Have you ever visited an opium den? To see untidy, dishevelled, dirty creatures, whom you once thought men, lying on a miserable pallet, with faces swollen and dull, rolling a brown, sticky mass into a bead for their pipes and then sinking back into lethargy, rouses all the determination in you to legislate for these men who are incapable of legislating for themselves, much less for you.

We pay great honor to Bishop Brent, who was chairman of the International Opium Commission which met representatives of the Powers at Shanghai in 1909, in a concerted effort to help for broken,

bruised China, that has at last been crowned with success. The method of cure is to give a dose of belladonna, prickly ash and hyoscyamus at the moment that the smoker inhales the drug, nauseating him so violently that he can sometimes withstand its lure as early as in five days.

From the first resistance to reform, instigated by the inhuman devils who thrived on the profits of the poppy trade, yet were too shrewd to use it themselves, showing itself in riots, bloodshed and extensive destruction of property, a gradual leaven worked as with religion, and every other sanctified agency for regenerating a race, that showed the men, women and children of the debauched nation the happiness of sane living and industry. The metamorphosis in China is complete. As with a man, who, instead of despairingly running away from a threatening foe, faces it squarely and finds it not so hard to conquer after all. Her future as a great power among the nations is assured.

Canadian Hospitals

FIRE AT LONDON HOSPITAL FOR THE INSANE

SEVEN hundred insane men and women were aroused at the London Asylum between 3 and 4 o'clock on June 20th and marched out of their dormitories without a single mishap, while a fierce fire raged through the attic of the main building. It was women patients themselves who discovered that the place was on fire, and who awakened the acting head nurse. Once the alarm was given, quick work was made in marshalling the inmates, according to their monthly fire drill, and the manner in which they obeyed orders would have done credit to as many sane people.

The fire was in the attic, which had a long sweep, and while the roof was ruined, the floors beneath were saved from burning. An interior fire protection system, failed to work well, especially at the same time that the City Fire Brigade had full pressure on, but the city department managed to prevent a more disastrous blaze. Water, however, damaged all that section of the asylum, and with the loss of the roof will mean a total damage of perhaps \$25,000. The cause of the fire is unknown, and it is not considered likely that the origin was in the electric wiring, as this was constructed a few years ago along modern lines.

WELLESLEY HOSPITAL TRAINING SCHOOL

THE graduating exercises of the Wellesley Hospital Training School for Nurses were held on June 27th, many friends of the institution being present. Sir William Mulock, K.C.M.G., President of the Board of Directors, acted as Chairman, and on the platform with him were: Sir John Hendrie, Lady Hendrie, Sir Mortimer Clark, Miss Clark, Lady Eaton, Miss Knox, Miss Flaws, Mr. Justice Britton and Professor Law. Sir William Mulock, in a short opening address, paid a warm tribute to the

management and untiring interest of the Superintendent, Miss Flaws, and congratulated the graduating nurses on having measured up to the high standards of the hospital.

Miss Flaws then presented her annual report. The outstanding event in the history of the hospital for the year, she said, had been its development from a private institution into a general hospital. It had at its command the highest professional skill in the country. Its growth had been steady. In 1912-13, 857 patients were admitted; in 1916-17, 1,536 was the number admitted. To-day, 80 per cent. of the first graduating class were serving their country as a part of the Canadian Army Medical Corps on foreign service.

The graduating class was addressed by Miss Knox, Principal of Havergal College. Miss Knox referred to the progress made in medical science in the last hundred years, and drew a humorous picture of what might have happened in Toronto in case of illness then. She urged the necessity of every nurse getting into sympathy with her patients and of discovering their lovable qualities by way of making her work more effective and agreeable.

The diplomas were distributed by Sir John Hendrie, and Lady Hendrie presented the school pins. Lady Eaton presented the Sir John Eaton Scholarship for General Proficiency, Miss Mabel Foster of Bloomfield being the recipient. The Herbert A. Bruce Scholarship for proficiency in operating room technique was presented, in Col. Bruce's absence, by Dr. McIlwraith, and awarded to Miss Laura Moore, Markdale. In the intermediate year, the Sir William Mulock Scholarship for general proficiency was awarded to Miss Isabel McLeod (senior division), Southampton, and to Miss Madeline Ida Ryerson (junior division), Toronto. The general proficiency scholarship in the junior year was presented by Hon. Fetherstone Osler, in the absence of Sir Edmund Osler, and was won by Miss Elizabeth Sheila Caldwell (senior division), Lanark, and by Miss Marion Irene Robson (junior division), Colborne. The prize for the highest marks in physiology was awarded by Dr. N. T. MacLaurin, and won by Miss Alice Marjorie McBride, London.

The following are the graduates: Miss Marjorie Batchelor, Toronto; Miss Mabel Foster, Bloomfield; Miss Grace McGowan, Elora; Miss Dorothy Noble, Brantford; Miss Llewella Heisey, Markham; Miss Laura Moore, Toronto; Miss Irene Williams, Toronto; Miss Hazel MacInnes, Lindsay; Miss Grace Wilson, Napanee; Miss Helen McCord, Toronto.

WESTON'S ALUMNAE OFFICERS

OFFICERS elected for the coming year by the members of the Alumnae Association of the Toronto Free Hospital, Weston, at the annual meeting held at the Connaught Home for Nurses are: President, Miss A. Gibson; Vice-Presidents, Miss K. Brown and Miss I. Ford; Secretary, Miss T. Bobbette; Treasurer, Miss M. Ryan.

BARRIE NURSES' GRADUATION

A LARGE gathering witnessed the graduation exercises at the Royal Victoria Hospital, Barrie, on June 18th, when the following nurses received diplomas: Misses Ethel G. McGregor, Barrie (gold medalist); Agnes M. Boyd, Milton; Augustine McBride, Barrie; Lillian G. Wearing, Guthrie; and Hazel B. Hunter, Gavanville. Addresses were given by President Porritt, Dr. Lewis, Dean O'Malley and Mrs. Wm. Gallie.

QUEEN'S UNIVERSITY HOSPITAL OPENS

THE Kingston Military Hospital at Queen's University received a party of 200 returned and wounded soldiers on June 25th. Authorization for this hospital for 1,000 beds was made some months ago. It was at first thought that buildings could not be procured. Officials of Queen's University came to the front, however, and sacrificed two of their finest buildings.

ANNUAL MEETING OF TORONTO CENTRAL REGISTRY OF NURSES

THE twelfth annual meeting of the Toronto Central Registry of Graduate Nurses was held recently at the Nurses' Club, Sherbourne Street, Miss Wardell presiding.

During the year 5,565 calls were received, an increase of 870 calls over any previous year. There are 204 of the nurses engaged in military work. No less than 25 marriages have taken place since the last annual meeting. There is an enrolment of 159 new members, and 20 members have resigned, making an active membership of 418.

GIFT OF NURSES' HOME BY SIR ADAM AND LADY BECK

A CONTRIBUTION to the Queen Alexandra Sanatorium and the new Soldiers' Tuberculosis Hospital at London, Ont., that will prove a great stimulus has been made by Sir Adam and Lady Beck. It is the gift of a Nurses' Home. The soldiers' buildings will be permanent, and along with the present establishment will provide for a total of 225 to 250 patients, with 165 acres of land in one of the most picturesque spots in Ontario. About twenty nurses will be required, and for these the home will be built.

"BIG HEART SUNDAY" HAD LARGE RETURNS

JUNE 24TH was "Big Heart Sunday" in London. The "Big Heart" campaign was initiated to raise \$57,000 for the Tuberculosis Soldiers' Sanitarium at Byron. This was the first time that a money-raising campaign ever included a Sunday in London, and it proved a big success. Some details will be given out shortly as to the 600-bed hospital that is to be established by the Military Hospitals Commission, in addition to the Tuberculosis Sanitarium. The former may be built on the London Asylum grounds; the latter is already under construction at Byron, on the property of the Queen Alexandra Sanitarium.

\$19,000 COLLECTED FOR TORONTO HOSPITALS ON ROSE DAY

THROUGH the kindly efforts of a large army of ladies, both young and old, the splendid sum of \$19,000 was collected on the streets of Toronto on June 20th, now familiarly known as "Rose Day." The amount will be divided amongst the following Homes and Hospitals: I.O.D.E. Preventorium, Hospital for Sick Children, Protestant Orphans' Home, Sacred Heart Orphanage, Home for Incurable Children, Infants' Home and Infirmary, Children's Home at Earls court, Boys' Home, Girls' Home, Children's Aid and Shelter, and Central Board of Creches.

EQUIPMENT FOR MISSION HOSPITAL IN CHINA

AT Bloor Street Presbyterian Church, Toronto, a reception was tendered to Rev. Dr. James R. Menzies and Mrs. Menzies on June 20th. Dr. and Mrs. Menzies have represented the congregation as their foreign missionaries in North Honan, China. They returned to their field of labor last month. In over twenty years of labor Dr. Menzies has met with wonderful success as medical missionary, and the congregation expressed their appreciation by presenting him with a cheque for \$1,000 to use in purchasing some new equipment for his hospital. Dr. Menzies is a graduate of the Medical Faculty of Trinity University. He went to Honan in 1895, where a hospital was built through the aid of contributions to his work by the Bloor Street congregation.

AT a meeting of the Hospital Governors of Hamilton, on June 27th, the offers of Col. MacInnes to furnish a ward in the new hospital in honor of the memory of his father, the late Senator MacInnes, and of Albert and Mrs. Pain to furnish another in memory of their son, Dr. Albert Pain, who was lost with the Titanic, were gratefully accepted.

THE NATIONAL SANITARIUM ASSOCIATION

It is the desire of the National Sanitarium Association to extend to the medical profession the advantages of the facilities provided at the Gage Institute, 223 College Street, for the investigation and examination of cases of tuberculosis among the poor of the city.

There has been provided a modern and well-equipped electrical department, the physician in charge of which is an experienced radiographer. Physicians may have examinations made either by fluoroscope or X-ray plate, free of charge, for those who are unable to pay. There is also a complete equipment for the giving of electrical treatment, which has been demonstrated to be in many cases an effectual therapeutic measure.

It is recognized that many physicians may not feel inclined to undertake the initial outlay for the installation of an equipment of this kind in their own offices, and in order that as large a number of deserving cases as possible may be served, the Association has arranged that physicians may bring or send patients to the Institute for the purpose of receiving such treatment as may be desirable.

It is only necessary that the physician send a certificate to the effect that the patient is in need of such services and that he is unable to pay.

The National Sanitarium Association advises the medical profession also that provision has been made, both at the Muskoka Free Hospital for Consumptives at Gravenhurst, and also at the Toronto Free Hospital for Consumptives at Weston, for the care of a limited number of cases of tuberculosis in which the lesion is localized in the bones, joints, or glands.

It is believed that nourishing diet, rest, and a well regulated open-air life, together with the most approved methods of treatment, including heliotherapy and electricity, may in a number of cases prove very beneficial. Such cases, therefore, as appear likely to improve will be accepted for limited periods.

Ambulatory cases will be received at the Muskoka Free Hospital, while those confined to bed and requiring more or less nursing care will be received at the Toronto Free at Weston.

War Hospitals

AMERICAN NURSES AND DOCTORS TAKE OVER FRENCH HOSPITALS

It is nearly three years since the first coming of an expeditionary force to France thrilled the French people with an inexpressible emotion of hope and gladness. That was the coming of our English lads, the little vanguard of the army which is now old and great in war. The cheers which followed them along their way, the flowers which were tossed to them, kisses flung to them from finger tips of all girls along their line of march are now only memories. French and British soldiers now pass each other as men who have fought together and seen death together and learned long-suffering patience with war through long, hard years, but now something of an old thrill of hope which greeted our entry into France has come again with a rebirth of emotion, not so youthful or so fresh, but deep and sincere, because another expeditionary force—under the Stars and Stripes—is coming with new promise to revive the old hope.

I saw something of this Friday last, when I went down to meet the American doctors and nurses who have just taken over several of our biggest general hospitals, and are already tending large numbers of our wounded, drifting down every day from the long battlefields. They have come in advance of their fighting men, and for the first time I saw an American uniform in the French streets and the Stars and Stripes were entwined with the Union Jack over the beds where the British soldiers lie after the battle. It was good, and strange—stranger than any chapter in the world's history—to hear greetings between the American and British officers on this soil of France. The American intonation is a new note on this western front, where the voices of many races mingle. It brings a new type of manhood on to this stage of the war, and one feels instantly the freshness and vigor of it. They are

quiet, business-like, alert fellows, these young college men and other volunteers who have come out as orderlies and stretcher-bearers and staff clerks with the American Medical Corps.

The members of the administrative and professional staffs of surgeons and physicians from the great American hospitals have settled down to this work of taking over the British hospitals—not an easy task when the wounded are coming in all the time—with orderly method and a complete absence of fuss and red tape, which shows the quality of their character, direct and quick in the grasp of principles and details, getting down to the job in hand without unnecessary words or work, so it seemed to me. Some of these men had seen active service in the Philippines, all of them had long experience in the American hospitals, where the wreckage of human life in peace has trained them for the greater wreckage of war. All these men have a serious look in their eyes, as though conscious of the enormous tragedy into which they have come, and of the greatness of the task they have undertaken, yet bright and cheerful, and sure of themselves.

As one of the contrasts of war, I shall not soon forget an American tea party in one of the hospital tents. Not far away was a military cemetery, which grows and grows, with its forest of crosses, and in the tents near by American surgeons and American nurses were dealing with wounded men just down from the front; but in this other tent to which I went as a guest, there was merry music, played by British bandsmen, and all the tent was filled with color, from the intertwined flags of Britain and the United States, among great bouquets of summer flowers of France, and above the music rose the laughter and voices of American and British officers and nurses. It was a tea party given by the nurses of the American Medical Unit, which has been working over here for a year, to the newcomers of the United States Medical Corps and to the British officers from neighboring tents.

There were greetings between college girls who have come together as comrades again in this great adventure on French soil; young doctors from the Southern States held out the glad hand to friends from New York and Chicago. Here were breezy salutations between Georgians and Virginians, between

men of Cincinnati, and girls of Boston and Atlantic City said, "Hullo, Alabama." It was a Boston girl who said she found night work in the wards very trying at first, but guessed she would get used to it before three years more of war. It was a Georgian girl who said she was tickled to death by the way the English officers pronounced some of their words, but she hoped to get the English accent very soon. It was one of the greatest surgeons in America who expressed his admiration of the splendid organization of the British Army Medical Service, which he said was the most beautiful work he had ever seen for the relief of human suffering in war.

It was not one, but many of these doctors and nurses, who in spite of the laughter and jests of the tea party, spoke quietly and gravely of the great grim thing which has brought them to France, and with all their soul in their eyes hoped the coming of the United States army would help end the world tragedy more quickly.

They had great pity for France who suffered so long, and as an Englishman among all these newcomers under the Stars and Stripes, to whom all the scenes of war are memories of race and history, it was good to see the Stars and Stripes entwined with our old flag. To us it is a renewal of a brotherhood, for these newcomers are—so many of them—of our bone and blood. To France it is liberty paying back the ancient debt of chivalry.

AMERICAN DOCTORS TAKE OVER SIX BRITISH HOSPITALS

AMERICAN doctors, nurses, and enlisted men recently took over six of the British great General Field Hospitals, releasing the English staffs for duty near their front.

The Americans have been much impressed by the cordiality of their welcome as well as by the thoroughness and effectiveness of the British hospital system. So smoothly have the transfers been made that the Americans have taken up their new work without even a moment's upset in the routine of the various hospitals. The Stars and Stripes fly with the British Union Jack

from each hospital flagstaff, the two ensigns fluttering side by side in the cool breezes that sweep in from the sea.

The British selected their hospital sites with the greatest care and have developed them with a completeness that has come from nearly three years' field experience. Some of the general hospitals are made up of tented wards, accommodating 40 to 60 beds each. Others are constructed of a series of huts. Both styles are models of field comfort and convenience.

The operating theatres are splendidly built and seem to lack nothing in the way of modern surgical equipment.

Originally planned for 1,040 beds each, the general hospitals have been practically all enlarged to 1,400 beds, and during a crisis can accommodate 2,000 patients.

COLUMBIA UNIVERSITY, NEW YORK, OFFERS 500 BED HOSPITAL

LT.-COL. SHARPLES, C.O., of the Military Hospitals Commission Command, received an offer from Columbia University War Hospital, New York City, to care for 500 Canadian wounded, which the Hospital was prepared to receive on July 1. Lt.-Col. Sharples replied thanking them for the offer, adding that it could not be accepted, as arrangements had been made in Canada to care for all soldiers requiring hospital treatment for some time to come.

ENLARGING MILITARY HOSPITAL

M. JEX & Co., contractors, who have the contract direct from the Hospitals Commission, began work on June 8th on the big additions which are to be erected at the Military Hospital at Cobourg, which will increase the capacity three times. The new buildings, three in number, two of which are 220 by 40 feet, and the other, a dining hall, 80 by 40 feet, will fill in the space between the building long used for old Victoria University and the old site of Faraday Hall. A staff of one hundred and fifty men will be required to construct them.

NEW HOSPITALS OPENED IN ENGLAND

THE Canadian Associated Press recently learned that the Canadian Medical Service opened an institution at Kirkdale, Liverpool, to serve as an assembly station for sick and wounded men about to be sent to Canada for further treatment. The total accommodation will be fifteen hundred, five hundred beds being in reserve for cases arriving in England off transports. Men, also, who go here will remain about three weeks.

Lt.-Col. Biggar, previously in charge of a field ambulance on the Western Front, is the officer commanding, with eight officers, 150 of other ranks, and ten nursing sisters.

The new Hospital at Basingstoke is ready for the opening. It will be staffed entirely by the Toronto University Unit. The Ontario Hospital at Orpington will shortly open new wings, comprising a thousand extra beds.

MILITARY HOSPITAL IN FRANCE CONTROLLED BY WOMEN

THE mediaeval and the modern join hands in wonderful accord at an old abbaye within thirty miles of Paris, where the romance clinging to an ancient building of ancient architecture, once the sanctuary of peaceful devotees, is transfused into the living drama of heroic men and ministering women whose parts are written by the point of the sword.

This Abbaye de Teyaumont is now one of five hospitals financed, initiated, organized, and staffed by the Scottish Women's Hospital Fund for the Allies' wounded in their own country. It is known as Hospital Auxiliaire No. 301, affiliated to the Société Française de Secours aux Blessés Militaires, and under the British Red Cross.

The surgeons, with Miss Ivens at their head, numbering, with the bacteriologist, seven, wear a simple uniform of grey linen, with the silver badge on velvet of the French medical service on their collars. Comely capable women, as sincere as they are skilful at their work, they are no longer supervised

in operations (as at first) by French surgeons, because it was recognized after a few days that their profession was backed by expert performance. The badly wounded men who come there feel confidence in these marvellous fingers, whose dexterous accuracy of touch is enhanced by softness, and they are soothed by the feminine voices.

These lion-hearted women are performing as many as a hundred and fifty or more operations in a week. They avoid amputations wherever possible, of course, and one man whose hand seemed hopelessly crushed owes the restoration of three fingers to their expert method of repair.

Such work as is being carried on by British women in France and elsewhere, must surely bring England into close and sympathetic touch with her Allies. The men who leave the abbaye healed of their wounds (for only three per cent. have succumbed hitherto) will not fail to remember, and to tell the women at home who are dear to them, of those other women with "the strength of silk who came across sea and land to be sisters to the brothers-in-arms of their country."

CHANGES MADE IN REGARD TO SOLDIERS WHO HAVE TUBERCULOSIS

THE conference of medical officers in charge of sanatoria conducted by the Military Hospitals Commission has adopted some strong resolutions on the professional aspect of fighting tuberculosis. Soldiers who wish to refuse treatment are not to be allowed to sign waivers releasing the Government of its obligation. The medical men hold that treatment should be compulsory, in the interest not only of the afflicted, but of the community generally. Intermediate periods of treatment are recommended.

Soldiers who are to enter sanatoria will be allowed to make a short visit to their homes on leave. Directorate of small sanatoria were criticized for expecting medical officers in addition to looking after patients, to keep books, buy supplies, and tend horses and cows. Granting leave at holiday times to patients who would travel on crowded trains was condemned. Officers requiring treatment will have separate provision from the men.

Dr. Elliott, of Toronto; Capt. Byers, of St. Agatha; and Dr. Parfitt, of Gravenhurst, were appointed an advisory committee on tuberculosis.

NEW AMUSEMENT HALL AT WHITBY

Work has begun on the new Amusement Hall at the Hospital for the Insane, Whitby, a large part of the completed buildings of which are now in use as a convalescent hospital for returned soldiers. The Amusement Hall will be the finest and best equipped in the province, outside of Toronto, and will have a seating capacity of 1,200. When it is completed it is intended to bring to Whitby troupes of professional entertainers and actors for the amusement of the soldiers.

ORPINGTON EXTENSION OPENED

COLONIAL SECRETARY WALTER LONG opened, on July 5th, the extension to the Ontario Hospital at Orpington, bringing the total accommodation of that institution to just over 2,000, practically doubling the hospital's previous accommodation.

CAPT. CARL MARTIN, of the British A.M.C., who was with General Maude in the Bagdad Expedition, was in Toronto for a day or two in June.

ANNOUNCEMENT was made on June 8th by the Military Hospitals Commission that Major Thomas Dickson Archibald had been appointed chief medical officer for the Whitby Military Hospital in succession to Lt. V. Storey, who has been transferred to the Spadina Military Hospital. Maj. Archibald has had overseas experience. He volunteered for active service at the beginning of the war, and went to England with the 8th C.M.R. He served in the trenches, and returned to Canada in February last. He is 39 years of age, and his home is in Cobourg, Ont.

LT. J. D. COTTON, son of Dr. Milton Cotton, 20 Bloor St. East, Toronto, who was wounded in the head at Vimy Ridge, returned to Toronto on June 26th. We are glad to know that Lt. Cotton is recovering.

LIEUT.-COL. W. T. CONNELL, commanding the new Queen's Military Hospital at Kingston, Ont., stated on June 26th that the hospital was prepared to receive 200 men at any time. Miss F. McLeod, of Kingston, has been appointed acting-sister-in-charge at the hospital.

CAPT. A. A. CAMPBELL, A.M.C., has been give the temporary rank of Major (provisional) in the C.E.F., with the pay and allowances of that rank while he is performing the duties of eye specialist at the Toronto Base Hospital. The promotion has been dated back to June 1.

THE Military Hospital Commission has a plan under advisement to build a \$300,000 hospital in London for this Military District. The Ontario Government is to be asked for a grant of twenty acres from the property fronting on Dundas Street of the London Hospital for the Insane.

LT.-COL. (DR.) C. H. REASON, of London, Ont., who for the past two years has been in command of a large number of hospitals in England, has been sent to France to organize and command a series of hospitals there.

CAPT. H. P. ROBINSON, A.M.C., T. D. No. 2, was recently detailed for duty as Medical Officer of No. 2 Special Service Company at Camp Borden. Honorary Capt. J. Dunbar, late of the 220th Battalion, C.E.F., goes to the Military Hospitals Commission as Paymaster of "D" Unit, succeeding Honorary Capt. M. A. Chadwick.

LT. H. G. BRUNTON, 4th Battalion, C.E.F., has been taken on the staff of Whitby Military Hospital, with the temporary rank of Captain. Capt. G. W. Carleton, A.M.C., has joined the staff of the Toronto Base Hospital.

COL. D. A. CLARK, who formerly resided at 121 Carlton Street, Toronto, returned home from London, England, on June 26th. Col. Clark went overseas as Medical Officer with the 3rd Artillery Brigade. He was wounded by a shell in May, 1915, afterwards returning to London, where he has been with Gen. Jones, Director General of Medical Services in England. Col. Clark left for Ottawa almost immediately on his arrival.

THE following standing Medical Boards were appointed a few weeks ago: For Spadina Military Convalescent Hospital and Whitby Convalescent Hospital: President, Major C. J. Currie, A.M.C.; Members, Capt. F. M. Hughes, A.M.C., and Lt. Julian London, A.M.C. For Central Military Hospital and North Toronto Convalescent Hospital: President, Major F. J. Munn, A.M.C.; Members, Capt. N. T. McLaurin, A.M.C., and Capt. A. S. Moorehead, A.M.C.

LT.-COL. A. J. MACKENZIE, Medicals, has been appointed to command Princess Patricia's Red Cross Hospital. Lt.-Col. A. J. Mackenzie was formerly a partner of the late Dr. Oldright, of Carlton Street. In May last he was promoted from the rank of major, and given command of the Moore Barracks Hospital, Shorncliffe. He went overseas as medical officer of a Toronto Highland Battalion of the First Contingent. He had a brilliant academic career at Toronto University, where he took the degrees of B.A., M.B., and LL.B.

LT.-COL. C. H. GILMOUR has been appointed Commanding Officer and Chief Surgeon of the Canadian Military Hospital at Broadstairs, Kent, England.

Broadstairs is on the Channel and contains Bleak House, made famous by Dickens. The hospital at Broadstairs is for Canadian Officers' active treatment.

Items

FREE DIAGNOSIS OF VENEREAL DISEASES

DR. J. W. S. McCULLOUGH, of the Provincial Board of Health, Ontario, announces that on and after June 20th, facilities will be provided in the Laboratories of the Provincial Board of Health, at Toronto, Kingston and London for the free diagnosis of Venereal Diseases. Outfits for taking specimens will be supplied to all physicians for this purpose. These outfits may be procured from the Laboratory of the Board, No. 5 Queen's Park, or from the Board's Branch Laboratory, Queen's University, Kingston, or the Board's Branch Laboratory, Ottawa Avenue and Waterloo Street, London, Ont.

On and after the date mentioned, outfits may be procured from the same Laboratories for the purpose of taking specimens for the diagnosis of Typhoid, Diphtheria and Tuberculosis. Sterilized bottles for sending water samples may also be procured from any of these Laboratories.

AN AUTOMATIC WRITING APPLIANCE FOR BLIND SOLDIERS

A PATENTED automatic writing appliance for the blinded Canadian soldiers has been made available to the Military Hospitals Commission through the gift of an expatriated Canadian lady now living at Pasadena, Cal. The device, which was her own invention, and was patented in 1897, has been endorsed by the principal institutions for the blind in the United States, and commends itself instantly to any observer as an exceedingly simple yet practical help to the blind man using a pencil or pen. The object of the device is to enable the man to write in a straight line across the page.

Miss Edith Fergusson Black, the inventor, forwarded to the Commission a sample of the article and the fifteen jigs, dies, and tools necessary to manufacture others.

Selected Articles

IMAGINATION IN THE HOSPITAL

OF all possible careers, hospital work is one of the most absorbing. It is one in which the tendency for the conscientious executive to become absorbed in details and to lose sight of all other aspects of life is almost overwhelming—unless conscience is balanced by imagination. The few hospital executives who do possess imagination in addition to other qualifications for leadership, are the pick of the profession, for, after all, the man who knows only one thing never knows that thing really well. For real success, a man or woman must have, in addition to knowledge, conscientiousness, perseverance and all the rest, the ability to surmount detail and to “see life steadily and to see it whole.”

We should not love our work less, but most of us should play more; we should take more delight in our privileges as human beings, not mere hospital functionaries. “The world is so full of a number of things” that the human being who allows one thing to absorb his mind and soul cheats himself of his birthright. Those who enrich their natures by the study and enjoyment of the beautiful world we live in, and the treasures of art and literature in it, will find themselves just so much the stronger for their professional duties.

All this is merely by way of preface. The following poem by Dr. Frederic Brush, superintendent of Burke Foundation, White Plains, N.Y., was published in the *New York Times*. Dr. Brush proves all that we have just said.

MANILA BAY.

Quick lights flared on the looming isle,
And red flames blurted into the night:
But the silent man on the cruiser's bridge
Turned not to left or right.
Eyes that gaze on the unborn years
May not be troubled by lights or tears.

The warm sea hissed to the touch of shell,
And reared on the back of the buried death;
Yet the seaman gray with his tools of war
Slid sullenly past Corregidor,
And was gone like a spirit's breath.
Men that move to the tryst with fate
May never be noisy, and never late.

The harbor glowed to the orient morn;
The men stripped buff, and said no word.
Then down on spluttering fleet and shore
Still as phantoms the gray ships bore.
Waiting the call of the Commadore—
That all the nations heard.
"You may fire when ready," was all he said;
But the enemy's decks grew strangely red.

Out from the narrow channeled throats,
Tense with the wrath of the years of wrong,
The little black demons leapt away,
Shrieked and whimpered over the bay,
Crooning a direful song.
Men that hurry to war in ships
May kiss cold faces, with colder lips.

White waved over a battered wall;
The harbor stilled, the banners furled.
Anglo-Saxon, East and West,
Met round a wondering world.
When a nation clogs in the wheels of Time.
Comes cursing and crushing—the work sublime.
—*The Modern Hospital.*

FIRE CONDITIONS IN HOSPITALS *

MANY Canadian hospitals and similar institutions lack adequate means of escape in case of fire. Many are situated at a considerable distance from the protection of municipal fire departments and are entirely dependent upon their own resources and equipment. Inmates incapacitated by illness, the blind and imbecile are practically helpless in an emergency. A fire starting in the basement or upon the lower floors would, in many cases, cut off descent by the ordinary stairways and elevators. If unassisted, rapid exit down external fire escapes is obviously impossible to the bedridden and crippled.

To overcome this vital defect it has been suggested that every hospital, asylum and public institution introduce a fire-resisting wall, cutting the entire building into two parts. In case of fire breaking out on one side of the wall, automatic alarm signals would notify everyone upon that side and they could pass through the doorways of the wall into the safe section of the building and reach the ground, if necessary, by elevators or stairways which would be in a normal condition. With proper fire drill, the attendants would, at the first alarm, wheel the helpless on their beds through the doorways in the dividing wall with scarcely any disturbance. Safety would be found upon each floor, without the danger attending vertical travel.

The most attractive feature of the bi-sectional wall is its cost compared with structural alterations necessary in providing new stairways and unsightly and dangerous external fire-escapes. In many cases, existing walls can be developed into fire barriers with very little expense. The Department of Charities and Corrections of New York city has recently had the system installed complete with automatic alarms in each of the two hundred buildings under its control. The authorities responsible for the welfare of inmates in large institutions in Canada should give the matter consideration and, as far as possible, adopt this simple method of safeguarding the lives in their keeping from the dangers of fire.

* Toronto Saturday Night.

Book Reviews

Occupations from the Social, Hygienic and Medical Points of View. By SIR THOMAS OLIVER, M.A., M.D., F.R.C.P. Cambridge: at the University Press, 1916.

This is one of the volumes on Public Health published by the Syndic of the Cambridge University Press; and is designed for doctors, laboratory men, engineers, architects, sanitary officers, teachers and administrators.

Dr. Oliver has travelled much and observed closely. He gives a review of the various legislative acts affecting the folk who work in factory, mine and elsewhere, and discusses the various afflictions from which they suffer as a result of their occupations. Attention is given to the effect of fatigue from over-work and long hours; of inhaling dust and smoke and micro-organisms; and of working in sweatshops.

A section of the work is devoted to a discussion of fire escapes, drinking water, lavatory conveniences, air space, mess rooms, social welfare and first aid.

The action of gases, chemicals and electricity on the workman is described; and a chapter is devoted to the skin and occupation. The book is well written and will be enjoyed by every medical practitioner and layman who wishes to keep abreast of the times.

The Biology of Twins. By HORATIO HACKETT NEWMAN. The University of Chicago Press, Chicago, Ill., 1917. Price \$1.25 net. Postage extra, weight 1 lb.

This monograph of one hundred and eighty pages and a brief index presents concisely a great deal of valuable material dealing with the biological problem of twins in man and other mammals. Endeavor is made to present the subject matter in such a form that the non-technical reader will be able to trace the development of our knowledge of this problem. At the same time sacrifice of scientific accuracy has been avoided. A

very great deal of extremely interesting biological material is here summarized and the volume can be heartily recommended to the student of biology and to others interested in the subject of twins.

Care of Patients undergoing Gynecologic and Abdominal Procedures, before, during and after operation. By E. E. MONTGOMERY, M.D., Professor of Gynecology in Jefferson Medical College, Philadelphia. 12 mo. of 145 pages, with 61 illustrations. Philadelphia and London: W. B. Saunders Company. 1916. Cloth, \$1.25 net. The J. F. Hartz Co., Ltd., 24 Hayter Street, Toronto, Ont., are the Canadian agents.

The brevity of this book is by no means a measure of its merit. In it is concisely described the most important abdominal, pelvic and vaginal operations, with the preparatory treatment of each; necessary instruments; closure of the incision and the care of the patient during and after operation. Post-operative complications are carefully dealt with and their treatments detailed. In a few minutes one may obtain the latest data of any of these important subjects, and thus save much time, when time-saving is important.

The book, in value, greatly outweighs its cost. It really is one of the most satisfactory publications offered the profession.

C. T. M.

State Board Questions and Answers for Nurses. Being the actual questions submitted at the examinations of thirty-one State Examining Boards for Nurses, with answers. By JOHN FOOTE, M.D. Philadelphia and London: J. B. Lippincott Company.

This book of 400 pages is one of the Lippincott Nursery Manuals. Dr. Foote was assisted in his work by Miss Laura McHale, of the Freedman's Hospital, Washington, who prepared the answers on Dietetics, and to the Sister Superintendent of Providence Hospital, of Washington, for general assistance. This

work will prove a guide book to student nurses and to their teachers. The author confesses his indebtedness to the leading authors of text-books on nursing in the preparation of the replies to the multitudinous questions asked. Questions on nursing come under the headings of surgical, gynecological, obstetrical, general and contagious. Chapters are devoted to anatomy, physiology, materia medica and therapeutics, hygiene and bacteriology. The latter part of the volume is devoted to questions relating to feeding and diseases of children, dietetics, and ethics of nursing. We predict an extensive use of this book.

Handbook of Anatomy. By JAMES K. YOUNG, M.D., F.A.C.S.
Fifth edition, revised and enlarged, with 154 engravings.
Philadelphia: F. A. Davis Company, publishers. 1917.

Dr. Young has revised certain portions of this widely-used handbook and replaced some of the older illustrations. In view of the rôle the teeth are now playing as an etiological factor in disease, the special chapter on dental anatomy, by Jos. L. Appleton, is timely. The adoption of the Basle nomenclature adds to the value of the work. Attention may be called to the colored plates of the arterial system, and to the original diagrams of sensory and motor tract of the brain and cord. The work is a good summary for the student in review time, and particularly to be recommended to nurses and casual students of anatomy.

Handbook for the Sanitary Troops. By CHARLES FIELD MASON, Colonel Medical Corps, U. S. Army. Fourth edition, revised. Approved by the Surgeon-Generals of the Army and Navy. Profusely illustrated. New York: William Wood Company. 1917.

This new edition of Colonel Mason's well-known handbook, just off the press, is particularly welcomed at this epochal time by the thousands of young medical officers, nurses and first aiders, called to the colors to participate in the great war.

The book is unique in its contents, in its combination of instruction, in camp sanitation; elementary anatomy and physiology; first aid and nursing; mess management and cooking; elementary materia medica; therapeutics and pharmacy; hygiene; riding, packing and driving; army regulations; clerical work, and minor surgery.

The reviewer has read over a goodly part of this revised work with keen interest and profit, and feels that it will so appeal to his brethren of the medical profession, and also to the educated lay public who may be interested in obtaining a discursive knowledge of those subjects of which this excellent handbook treats, as summarized in paragraph three of this review.

MISCELLANEOUS

The Happy Veteran

"SISTER," sang out Private Jones, as the hospital nurse passed down the ward, "what do you think of this? I can roll a cigarette with one hand!"

Somewhere in France, Private Jones had had the misfortune to be shot in the arm as his battalion climbed out of the trenches and raced over the top of the parapet to attack the enemy. "Blighty for mine," said he, and walked slowly back to the base and reported himself to the doctors. Cases like his were numerous, but he soon found himself comfortably installed in the hospital train and realizing by practical experience what wonderful care is taken of the wounded in the allied armies. Arrived at the port of embarkation, stretcher-bearers carry him on to the hospital ship. The trip across the Channel to England is made safely; then another train ride and a few minutes in the motor ambulance brings him to the hospital—not many hours after he has left the battlefield.

Private Jones was a favorite patient—always cheerful, even when the doctors decided that the arm must come off. After the amputation he began to practise doing with one hand what he had formerly done with two, and when he succeeded in roll-

ing a cigarette with his one remaining hand he was very proud of the accomplishment.

The cheerfulness of the men at the front has often been commented on and is a source of constant amazement to anyone who is familiar with the conditions of modern warfare. Many poems have been written on the subject—some of them by the men themselves, right in the trenches.

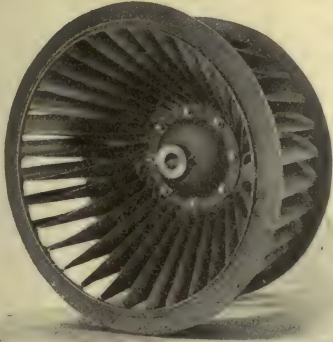
To the physicians and nurses in military hospitals, however, an even greater source of amazement is the cheerfulness of the wounded men. They seem to have learnt a philosophy of life which carries them through the most terrible misfortunes, and seldom do we hear of a wounded soldier "railing at fate" when he is badly hit. It is all accepted as the fortune of war, and in the majority of cases the wounded man sets his wits to work to find out how he can best adapt himself to the new conditions which he has to face owing to such handicaps as in the case of Private Jones.

An increasing number of wounded soldiers are being returned to Canada, and these maimed veterans are now often seen back in the home towns, bearing their troubles with the same bravery that helped them to face the enemy in Europe. How did the soldiers learn that philosophy and resignation which helps them so greatly in these hours of trial?

Amongst material influences conducive to such a desirable state of mind, there can be no doubt that tobacco is a wonderful benefactor. "He who doth not smoke," says Bulwer-Lytton, "hath either known no great griefs, or refuseth himself the softest consolation, next to that which comes from heaven."

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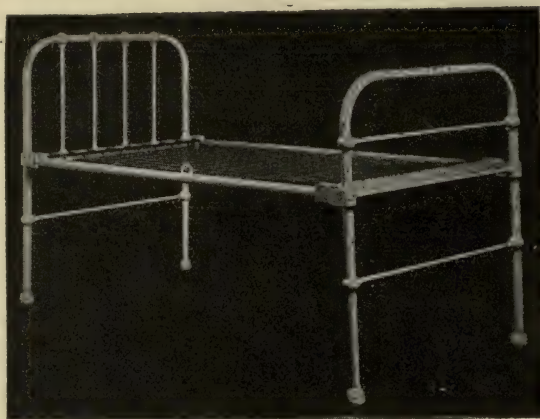


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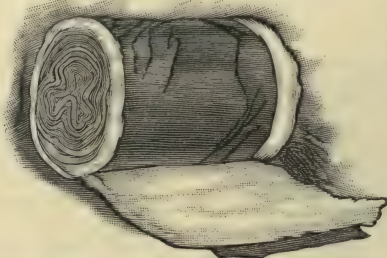
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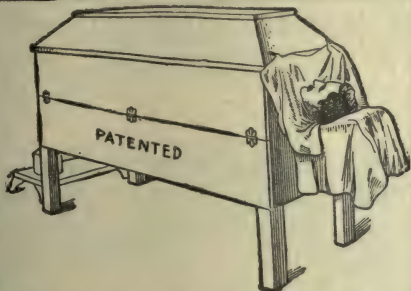
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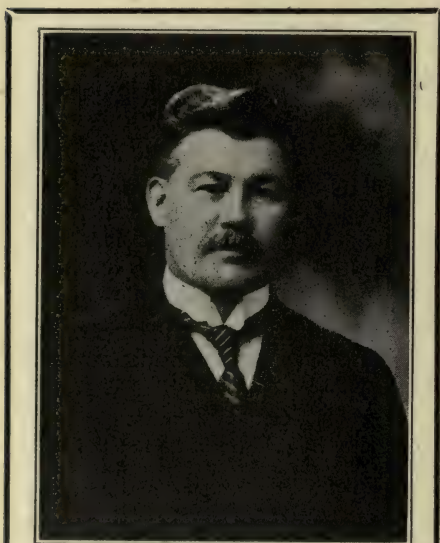
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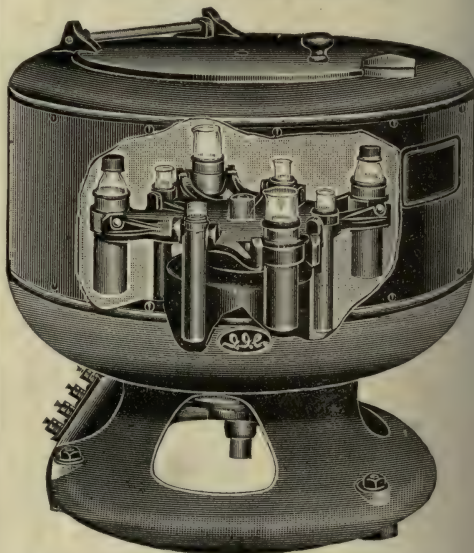
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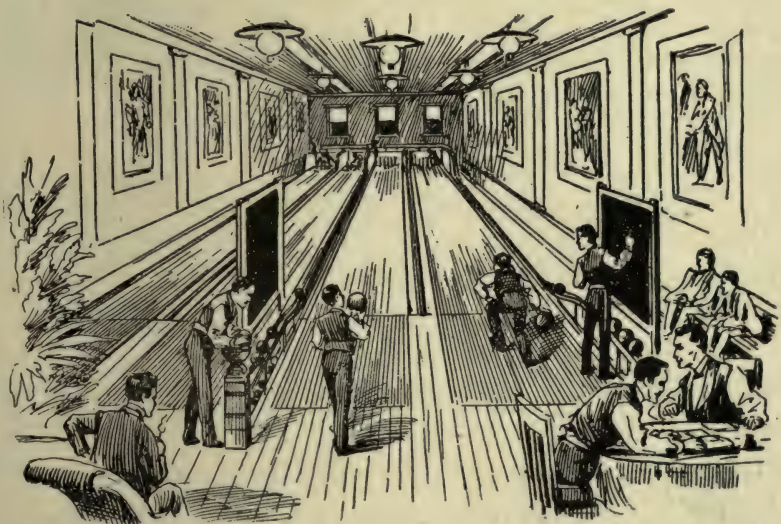
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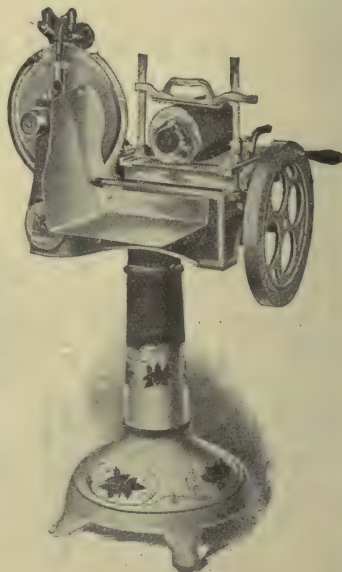
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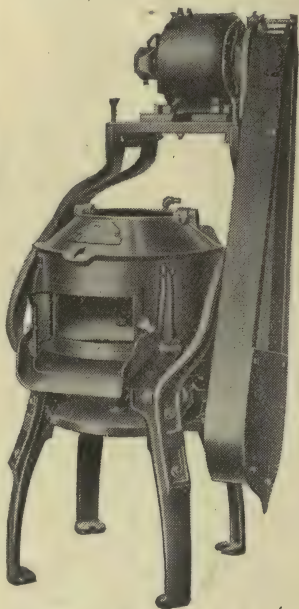
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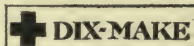
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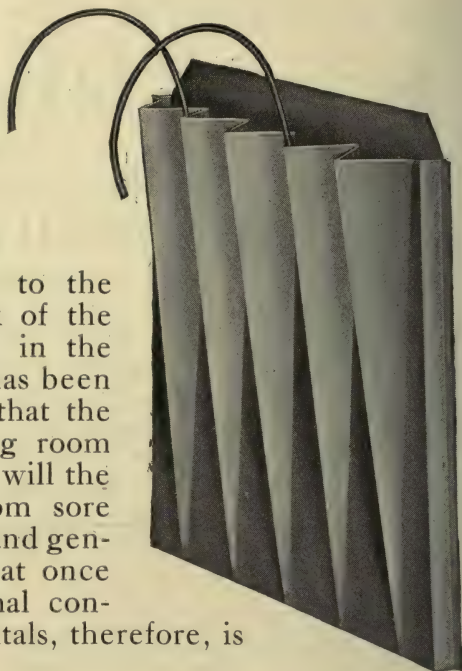
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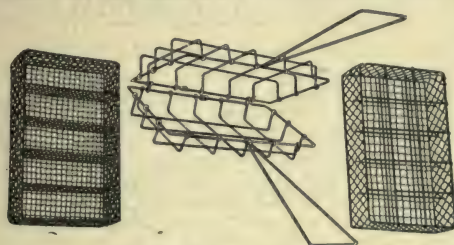
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Vol. XII.

TORONTO, SEPTEMBER, 1917

No. 3

Editorials

THE OLD PRACTITIONER AND SEPSIS

DOCTORS who graduated a quarter of a century ago with one lecture in bacteriology need, perhaps, a reminder on the importance of asepsis.

At that date Listerism was being introduced in a practical way into Canada by some of our surgeons

who had gone to London and Edinburgh to observe its application. They spread the gospel in this country; and the same success attended its use here as attended its use in the Old Country.

In Canada, as in England, there were those among the profession who pooh-poohed Listerism. But it was fortunate that most of the best teachers in our medical colleges were not only disciples, but apostles of Listerism.

In Toronto, in the early nineties, Professor Wright constantly impressed on his students and internes the extreme importance of thoroughly cleansing hands, nails, and forearms with soap, water and brush, followed by their immersion in a 1-40 carbolic solution, or in a 1-4000 bichloride solution. All instruments were to be boiled fifteen minutes and then placed in a 1-20 carbolic solution.

The observance of these precautions in labor cases and in the treatment of wounds has saved multitudes of lives.

Nowadays, following a fine course in bacteriology, students and nurses readily grasp the principle of asepsis and realize the immense importance of the thorough cleansing of the hands, the use of sterile gloves, instruments, dressings, towels and sheets. The modern sterilizers enable them to secure these desiderata; and a familiarity with these apparatus is highly desirable.

But these costly sterilizers are not available to many medical men; their use is mainly confined to

hospital practice. In the absence of sterilizers, it is, therefore, wise not to neglect the careful practice of the antiseptic method, combined, as far as possible, with the aseptic.

Basins and other utensils, instruments, gloves and towels may be sterilized by boiling, and aseptic dressings may be purchased in hermetically sealed packages. So that the average practitioner may, by the additional use of antiseptics, do comparatively safe work, in so far as the conduct of confinement cases and the handling of minor surgical cases is concerned.

A high-pressure sterilizer for dressings, towels, sheets and gloves is, however, a highly valuable addition to the equipment of every medical office. In a town or village the medical men might club together and purchase a large dressing sterilizer for their common use. They can be procured in different sizes, and can be secured from any of the well-known houses.

Canadian War Hospitals

SMALL V.A.D. AND PRIVATE HOSPITALS

IN the *British Medical Journal*, of May 5, 1917, will be found an editorial on "Small V.A.D. and Private Hospitals" which gives unintentional support to the criticisms made by Col. H. A. Bruce, of Toronto, against the use of such hospitals for the C.A.M.C.

It says, amongst other things:

"But in acknowledging the admirable way in which the amateur has supplemented the professional in military nursing, the question arises whether the time has not come for a review, in the interests of economy in both medical and nursing personnel, of the system of small scattered hospitals which has grown up. The War Office has recently invited County Associations to make new V.A.D. hospitals containing not less than forty beds for men or twenty for officers, but there can be little doubt that the multiplicity of small V.A.D. and private hospitals tends to cause overlapping, waste of effort, and uneconomical use of personnel both nursing and medical. All must respect the local sentiment which seeks to find expression in local work for the wounded; but we are living now in grim, practical times, and efficiency and economy on the largest scale are needed in every department of life—more, perhaps, in the medical and nursing services than in any other. If this urgent need here and there overrides local sentiment, and deals rather roughly with individual susceptibilities, that price must be paid. If some of the smaller home hospitals were closed and others expanded and reorganized to take over their work, this would certainly set free a considerable number of trained nurses as well as V.A.D. nurses who have gained experience, to say nothing of other economies in personnel and equipment which would follow. The convalescent soldier recovering from sickness or wound no doubt appreciates the sheltered life in a

little country hospital where he is waited upon by sympathetic ladies, and military discipline is not very strict; but for every soldier whose recovery is hastened in this way there must be many whose return to duty is delayed. The result of a readjustment of the present arrangement with regard to the smaller hospitals throughout the country might therefore, there is good reason to think, lead not only to an economy in medical and nursing personnel, but also be of direct benefit to the men themselves."

A further editorial in the same journal, on May 12th. deals further with this subject under the heading of "Army and Civil Medical Economies," as follows:

"We pointed out that a readjustment of the present arrangements might lead not only to an economy in medical and nursing personnel, but also be of direct benefit to the men themselves. This, no doubt, is criticism of army administration, but not unfriendly criticism. It is a matter of urgent importance, because at the very moment when large demands were being made on the medical profession for more medical officers for the fronts the War Office was inviting county associations to make new hospitals.

"If the criticism be justified, how should it be met? A very large number of these smaller hospitals for the wounded, sick or convalescent obtain their medical personnel from the ranks of civil practitioners. . . . When a new hospital for forty wounded men is formed an attempt must be made to obtain a medical staff, generally through the voluntary services of neighboring practitioners. If later on the Central Medical War Committee is compelled to point out that the existence of the hospital jeopardizes the obtaining of a proper quota of young medical officers for the R.A.M.C. from the area in which the hospital is situated, what should be done? The Director-General may close a hospital which has been opened only a month or two previously by some patriotic citizen as the result of the War Office appeal; or he may send an officer in the R.A.M.C. to take charge; or he may leave the hospital to get on as best it can with such civilian assistance as can be scraped

together, but this would be to the detriment of medical treatment both on the military and on the civil side. Of the two last courses neither would appear to be in the best interests of the country.

"The multiplication of small hospitals must be wasteful. It is wasteful in the personnel of the medical, nursing, and house staff. It is wasteful in equipment, it is wasteful in food, in fuel and in every other accessory. Probably in a large proportion of these hospitals it is considered necessary to have an operating theatre, and money is spent in equipping it for aseptic surgery. Yet the majority of patients in these hospitals are convalescents, and the field for surgery may be very limited. It would be interesting to compare a hospital with five hundred beds and ten of these small hospitals with fifty beds each, as regards each of the factors mentioned. From the public point of view at the present moment a comparison of the cost for maintenance, including food, in the two cases would be helpful and illuminating.

"There is one more question in connection with small V.A.D. hospitals which affects all the factors, but may be confined for our present purpose to the matter of medical personnel. What is the relation of these hospitals to means of transit? Are they near railway stations or public vehicles; and are they within easy reach of the medical men belonging to the staff? The Central Medical War Committee is already engaged in considering the question of distribution of patients in certain areas. Much time is wasted by medical men travelling long distances beyond their own immediate district. It is no easy matter to alter this condition of things with regard to private patients; but if in addition to this a doctor travels daily to attend a V.A.D. hospital situated some miles away, the loss of time must be considerable."

COBOURG MILITARY HOSPITAL

THE large dining-room and two large dormitories which are being erected at the military hospital at Cobourg are now on a fair way to completion, and work on a large auditorium at the rear of the buildings is under way.

**COL. HERBERT BRUCE NOW ATTACHED TO
THE R.A.M.C.**

SINCE Col. Herbert Bruce left Toronto a few months ago, he has been engaged in very important work with the British Medical Services. He was first attached to Sir George Makins, the Senior Consulting Surgeon in the Etaples area, France, for three weeks, for instructional purposes in the duties of a Consultant, after which he was attached to Colonel Gray, Consulting Surgeon to the Third Army, for a week in the Casualty Clearing Stations and Field Ambulances at the Front. This was immediately following the victory of the Canadians at Vimy Ridge, when all the hospitals were exceedingly busy. After this Colonel Bruce was assigned to the Havre and Etretat areas as Consulting Surgeon. He is now living at Havre, supervising the surgical work in all the hospitals in that area. His duties have been to see all the serious cases and operate on all of them calling for operative procedure.

The British have recently opened another large hospital near Trouville with thirty thousand beds, twenty thousand of which are to be for active treatment. Colonel Bruce returned about August 1st from a ten days' tour of the best Military Hospitals in Paris and the famous Carrel Hospital at Compiègne, where Dakin and Carrel, of the Rockefeller Institute, New York, have been employing their new treatment for septic wounds. While in Compiègne, Colonel Bruce was very kindly given the use of a car by the French Headquarters, visiting some of the French Casualty Clearing Stations and Field Ambulances on the French Front. He was within eight miles of St. Quentin, where he went up into the Prince Eitel observation tower and could distinctly see the cathedral and buildings in the distance.

There are six American Hospital Units now working in France, one of them, from New York, being in charge of a Hospital at Etretat. The American Unit brought over a splendid staff of men of the highest professional standing in their various departments. The Australians have a Reinforcement Base near Havre and are also doing splendid work.

CHANGE IN COMMAND AT DAVISVILLE BASE HOSPITAL

MAJOR W. KNOWLES, of Barrie, an overseas veteran, O.C. at Davisville Base Hospital, was relieved of his duties on August 8th and was succeeded the following day by Major W. C. Marriott. An X-Ray outfit was recently installed at Davisville.

COLONEL D. W. MACPHERSON RECEIVES C M.G.

ONE of the Canadians who were honored by His Majesty a few weeks ago was the well-known Toronto surgeon, Dr. D. W. Macpherson. Col. David William Macpherson formerly resided at 554 Bathurst Street. He has been on active service since the beginning of the war. He is in charge of the Ontario Government Hospital at Orpington, England, where his organization work has been invaluable. He organized forty-five dressing stations behind the firing line. At one time he commanded the Canadian Convalescent Hospital, with 1,750 beds, at Woodcote Park, Epsom, and reorganized the Duchess of Connaught Hospital at Taplow. Before going overseas he was on the staff of the Grace Hospital. He was mentioned in despatches in February last.

CHANGES AT ORPINGTON

NEARLY all of the original group of eighty nurses that left Toronto with the Ontario Base Hospital have gone to France. Col. Chambers was, when we last heard, at Moore Barracks, and Col. T. McCrae has taken his place at Orpington. Capts. Jepson, Graham, Thomas, Fallis, Kane, Kennedy, Carson and Gooderham have all gone. The recent additions to the staff include Major Merritt, Major Arthur, Capts. Johnston, Sutherland, Waldron and Risdon and a group of ten younger men.

Major Harley Smith is still at Orpington. The following were added to the staff at Orpington about July 1st: Capts. Byers, Macbeth and Rutherford; Lieuts. Bleakley, Jamieson, Nicklin, Patterson, Sparks, Brown and McDougall.

FIRST THROUGH HOSPITAL TRAIN

A SPECIAL hospital train with about 150 wounded soldiers left Halifax on July 4th and went right through to the Pacific coast, travelling via the Intercolonial to Moncton, Grand Trunk to Winnipeg and C.P.R. to Regina, Calgary and Vancouver. The train consisted of five hospital cars, a Red Cross car, a diner, a sleeper and baggage car. Captain J. B. Lambkin went with the train to its destination, looking after the welfare of the men. This is the first through soldiers' special that has gone from coast to coast.

ANOTHER CANADIAN HOSPITAL ACQUIRED IN ENGLAND

IN that part of the Mersey City known as the Scotland Division—they call it the Scotland Division because all the Liverpool-Irish are denizenized there—there is a sixty-year-old pile of buildings known as the Kirkdale Homes. They were built in the first instance for children who came under the care of the poor law. Later they furnished shelter for older members of the community who were forced to accept the charity of the ratepayers. And within the last month the buildings have come into the hands of the Canadian Medical Service, wherein to place sick and wounded soldiers about to be returned to Canada.

The opening of this new centre at Liverpool will furnish a place to which can be sent forthwith any soldier whom a medical board has slated "for further treatment in Canada." The new place, in fact, will serve as an assembly centre for those of the

rank and file whose fighting value has been destroyed through wounds or sickness. Not a very inspiring foundation, certainly, for an inscription to be placed over the main entrance, although the usefulness of the institution from the viewpoint of medical administration and economy, will be obvious.

Here also will be retained such men among troops fresh from Canada who fall sick during the voyage. On an average these number 1 or 2 per cent. Hitherto such cases have been admitted to English hospitals at the port of landing.

The staff of the hospital will be about 250.

Lieut.-Col. J. L. Biggar is the officer commanding. He came to England with the 13th Field Ambulance from Victoria. Col. Biggar is also well known in Toronto. The other officers of the staff are: Major T. H. MacDonald, Captains M. G. Thomson (Adjutant, who was in France with the C.F.A.), H. A. W. Brown, A. B. Walter, W. C. Pratt, P. F. McCue, S. Hawthorne (Chaplain), L. H. Roberts, A. S. Burns, Lieut. W. G. Robertson and Lieut. Haylett (Quartermaster).

ANOTHER HOSPITAL FOR THE CANADIAN RED CROSS

The summer home on Leek Island of Mr. and Mrs. Ira Kippon, of South Orange, N.J., has been formally turned over to the Canadian Red Cross for use as a hospital. Announcement of the gift was made some time ago, since when the palatial residence has been undergoing extensive remodelling to fit it for the reception of invalided soldiers. Leek Island is located near the western end of Grindstone Island, about six miles from Clayton, and just over the boundary line between the United States and Canada.

Arrangements have been made to take care of sixty patients at first. This is the capacity of sleeping rooms of the cottage. Later these convalescents will be placed in tents and other buildings, and others will be taken into the hospital. This will be done until the entire capacity of two hundred and fifty is reached.

TUBERCULAR HOSPITAL FOR KENT COUNTY

THAT Kent County should have an up-to-date institution for the care of tubercular patients is the feeling of the Chatham Board of Health. Before a recommendation is made for the building of such a sanitarium Dr. T. L. McRitchie, Local Medical Health Officer, will compile figures relative to the number of patients who have been treated for consumption in the two local hospitals during the past five years. It is expected that the recommendation will be made.

LATE SUPERINTENDENT OF ISOLATION HOSPITAL TAKES UP SCHOOL WORK

DR. M. B. WHITE, Director of Medical Service under Dr. Hastings, is organizing his work so as to take over the Medical Inspection of Schools. Up till April last, medical inspection of schools rested with the officers of the Board of Education. When the jurisdiction in health matters last April was transferred to the Board of Health, Dr. White, Superintendent of the Isolation Hospital, became the officer responsible under Dr. Hastings for the Medical Supervision of the Schools. His work includes the Isolation Hospital, the school children and the various clinics maintained by the Health Department, including Baby Welfare and the Tuberculosis Clinics, which all come now under the office of director of Medical Service.

War Hospitals

UNITED STATES BASE HOSPITAL UNITS

THE six Base Hospital Units of the United States Army, on duty with British forces, after working in the normal routine of the front for two months, had their first taste of real war conditions during the opening days of the big Flanders push. Under direction of regular officers of the United States Army Medical Corps, the hundreds of doctors and nurses forming the New York Presbyterian Hospital, the Boston, Chicago, Philadelphia, Cleveland and St. Louis units, have handled thousands of British wounded, working night and day since the offensive commenced.

The work of receiving the wounded by train from railway termini, behind the front almost to the doors of the hospital huts and tents, proceeded in perfect order:

The American flag is flying over the hospitals in the British army zone, where American army surgeons are caring for more wounded to-day than they have since the Civil War. The correspondent who visited these hospitals found that the wounded Tommies and the American surgeons and nurses had formed themselves into a mutual admiration society. Neither side could say enough good things about the other.

LIEUT.-COL. GEORGE S. RENNIE, one of Hamilton's well-known surgeons, who has been overseas since shortly after the outbreak of the war, has been made Administrator of all Imperial, Canadian and American Military Hospitals in the District near Rouen. Lieut.-Col. Rennie also maintains command of No. 2 Canadian General Hospital. He has for nearly two years been in charge of a big chain of hospitals in England, and a couple of months ago left for France to take an important command.

MISS A. T. VAN SAULWOOD, of New York City, has offered her home at Freeville, near Ithaca, N.Y., known as "House in the Woods." The building will provide accommodation for sixty men.

MISS HOYT, also of New York, has offered her cottage at Les Eboulements, near Greenwich, Conn.

LIEUT.-COL. H. ERNEST KENDALL, C.A.M.C., of Sydney, N.S., is now in command of the St. Francis Xavier Hospital, which is stationed at Bramshott.

LIEUT.-COL. S. P. MCKEE has assumed temporary command of Westcliff Hospital, England, replacing Col. J. D. Courtenay, who is at present on leave in Canada.

THE PRESIDENT OF FRANCE has conferred upon Colonel E. A. Lebel, Officer Commanding No. 8 Canadian General Hospital, now stationed at St. Cloud, the decoration of *Chevalier de la Légion d'honneur*.

THE Distinguished Service Order has been awarded to Lieut.-Col. D. McQueen, formerly medical superintendent of the Winnipeg General Hospital and Commanding Officer of the 11th Western Field Ambulance, C.E.F.

PLANS are in course of preparation for an addition to the King Edward Hospital at Winnipeg.

LIEUT.-COL. J. R. SPIER, Medicals, has been appointed to command the Convalescent Hospital at Bromley.

It is said that Capt. W. L. Symonds, architect of the Canadian Hospital's Commission, has been ordered to erect another pavilion at the Mowat Memorial Hospital, Kingston, Ont. There are so far ninety patients there. It is said accommodation will be provided for two hundred.

Selected Articles

HOSPITAL SOCIAL SERVICE FOR CHILDREN *

BY HENRY DWIGHT CHAPIN, M.D., NEW YORK.

No class of hospital patients are in more urgent need of social service relief than children. This was forcibly brought to the attention of the writer early in his hospital career at the Children's Division of the New York Post-Graduate Hospital by the large number of cases that were returned to the wards after discharge suffering from a renewal of illness. This was evidently due to the fact that they were frequently living under conditions that were very unfavorable for regaining health and strength. Many babies were likewise sent to the wards who were not proper cases for hospital treatment. They were sent in because there seemed to be no other place to house them.

The problem was further complicated by the fact that it is not desirable to keep children in a hospital after the acute illness for which they are entered has ceased. A hospital is not a good place for convalescence at any age—but children are peculiarly susceptible to the influences that accompany the collection of the sick and ailing in one place. Not only the immediate environment but the constant danger from various cross infections must be considered, and the latter frequently occur in the best places and with the most careful oversight.

In order, then, to secure a good convalescence, the child should be kept in the hospital only during the acute illness, carefully guarded from auto—and hetero—infection during its stay and finally sent out to recuperate under as favorable conditions as possible. It is only by keeping the child under careful observation after discharge that the benefits of the hospital can frequently be made permanent. Hospital statistics that do not take into account the ultimate condition of the

*Read at the New York Conference on Hospital Social Service, Feb. 7, 1917.

patient are of little value in regard to final and permanent results. The good work of the hospital may easily and quickly be undone by poverty or ignorance in the home. Much after care may be required to give results of any permanence.

Having these facts in mind, a meeting was arranged at the residence of Mrs. Valentine Hall in the spring of 1890, in which the writer made an appeal to a committee of ladies to aid in visiting the children discharged from the hospital.† In response to this appeal, a small sub-committee under the lead of Mrs. Augustus King volunteered to do the visiting. This was faithfully performed, and the circumstances of the cases discharged were investigated, so that proper aid could be given when required. As the work grew in volume and importance, it became evident that a regular paid visitor—who could work summer and winter—was required. Accordingly, in 1894, a woman physician was appointed to carry on the undertaking. After a fair trial of this plan, however, it was found that a trained nurse, with an instinct for social service work, did better under the circumstances than a physician. It may have been that the latter emphasized the purely medical aspect of the work, which is not the main feature in this undertaking. A combination of hygienic knowledge, tactful sympathy, and good powers of observation and judgment are required in this kind of work. In addition to a study of conditions, a human, personal touch must always be maintained. Our aim is to have the endeavors of the visitor expended in three principal directions: (1) To try and make the medical relief given by the hospital to the individual as permanent as possible. This may mean immediate material relief in cases of necessity, or instruction in diet and other factors that may be required to further convalescence. (2) To find out, if possible, the underlying cause that produced the particular sickness so that a recurrence can be prevented. (3) To make a broad study of social conditions that make for sickness and disability in the community that is served by the hospital. The latter becomes necessary in order that a general knowledge in reference to future prevention may be acquired and constantly kept in mind.

†Archives of Pediatrics, April, 1905.

Our social visitor is furnished with a blank that is filled out soon after the case is admitted, with the exception of the last item. It is of a uniform size to be attached to the regular hospital history, so that the attending physician can at once be posted as to the life conditions of the child and hence governed as to its discharge from the hospital, and what steps, if any, may be necessary in order to improve faulty home conditions. As a full history of the child's parentage, family and personal condition has already been taken by the examining physician on admittance, a pretty complete record is now in the hands of the attending physician for his guidance in managing the case. The following items are placed on the visitor's chart:—

Name.

Address.

Age.

Number of rooms, number light, number dark, number on air shaft.

Sanitary condition of house.

Sanitary condition of street. Fault landlord or city.

Physical condition of parents.

Intelligent care of children at home.

Condition of child second week after return to home.

The visitor has always in her hands a certain sum of money to purchase clean, fresh milk, when necessary, and to relieve any pressing needs that may interfere with the child's convalescence. She also sees that food is properly prepared, medicines given, and the hygienic surroundings improved as much as possible. Rules of instruction in feeding and hygiene for mothers, translated into various languages, have proved of great value. The work of the visitor has been in other ways of far-reaching utility. Landlords have been brought to terms in putting premises in a sanitary condition rather than be reported to the Board of Health; fewer children are deserted than formerly, as a special effort is made to have the mothers realize the crime of deserting their children; all existing charities are made use of in as far as they apply to the case in hand, such

as child welfare stations, milk depots, free ice in summer and all the fresh air agencies. The mothers have explained the great advantage of allowing the children to have a change in summer, even although it be only for a day, but efforts are made for a longer outing. It is believed that this work has been of the greatest utility to our convalescent children during the many years that it has been systematically employed.

In 1915 our social service visitor made 2,270 visits and 2,308 in 1916. During this period material relief in the form of money, food, clothing or other necessities that might be necessary to prevent future illness was rendered to 337 families. Advice and counsel were given to most of the others. Three hundred and thirty-three children were sent to the country to recuperate in order to insure a permanent cure.

With reference to the condition of the child after discharge from the hospital, among 1,000 cases tabulated, the condition at the end of two weeks was reported good in 386 cases, fair in 421 cases, uncertain, or lost track of, 193 cases. The final condition of these children was good in 589 cases, fair in 218 cases, and uncertain in 193 cases. As far as underlying causes are concerned, it is difficult to tabulate the proportion of ignorance to poverty that might have been involved in connection with these families. Both are apt to exist together with ignorance possibly preponderating.

Many facts of great social interest have been brought out during the many years of our work. It may be of value to compare some of the social statistics that have been collated during several different periods. In a study of 1,000 cases, extending from March, 1900, to March, 1902, it was found that the housing conditions of the families were frequently very bad. Four hundred and forty-two families lived in old tenements, in which 764 dark rooms were noted. Many of the families lived in extreme poverty. Thus 173 families had only an average income of from one to five dollars weekly and 379 families from five to ten dollars weekly.

In a study of conditions of 700 families, extending over the period from March, 1903, to March, 1904, it was found that the housing conditions were very bad in 185 cases, 25 families living in one room and 64 in two rooms. The earnings were

often pitifully small. Thus 84 families averaged not more than five dollars weekly and 220 not more than ten dollars.

The last statistics we have tabulated includes 1,000 cases extending from November, 1914, to November, 1916. An improvement in the housing conditions is here noted over that of the previous surveys. This is undoubtedly due to better tenement-house laws, both of construction and operation, that do away with dark rooms and other evils of past days. Thus, the condition of the house was reported as good in 371 cases, fairly good in 418 cases and poor in 211 cases. Most of our patients live on the lower East Side, where many old houses are located, with dirty halls, old plumbing and littered areas. The earning capacity of the families, however, did not show any essential improvement over that of seventeen and thirteen years ago. Only 86 families are reported as having an income above twelve dollars per week, 58 earned just twelve dollars, and 856 had to live on ten dollars or less per week. There were 557 large families (more than 5) and 443 small families (under 5) on the list. An interesting point is that most of the families earning the higher wages were small, while the large families were almost invariably in the low wage class. This point may be of interest to birth control advocates.

We can appreciate from the data here presented how poverty works particular hardships among the young and that sickness is one of its leading manifestations. Our investigations confirm the interesting account of a recent survey of several poor districts made by the New York Board of Health. The following quotation from their bulletin emphasizes this point: "Our study of the mortality of the city by sanitary areas has supplied us with ample proof, if such proof, indeed, were needed, that the family income is a most important factor in raising or lowering morbidity and mortality. Where the family income is sufficient to permit living under a reasonably favorable condition (sanitary housing, ample food, adequate clothing, wholesome recreation), sufficient to permit of prompt and efficient medical attention in case of illness, sufficient to permit of proper nursing of the ill, morbidity and mortality are invariably lower; whereas, when conditions are reversed and poverty, with its train of social complications exists, morbidity and mortality

are high, no matter how favorable the age and sex, constitution, or other similar factors of the population may be."

Several surveys in different localities made by the Children's Bureau of the United States Government show that the curve of sickness and death among infants and little children follows very closely the curve of the earnings of the wage workers.

Poverty and sickness too often go hand in hand. There is a shifting and alternating relationship of cause and effect between them. It is interesting to note how this vicious circle works at different ages. Thus, in adult years, sickness is one of the principal causes of poverty. In a recent annual report of the New York Association for Improving the Condition of the Poor, the extent to which poverty in this locality is caused by sickness is shown in a startling way. Out of many thousands of dollars spent in material relief for destitute families in their homes, 96 per cent. was given to families who had to seek aid on account of the sickness or death of the wage earners. The Charity Organization Society has found that fully two-thirds of the cases of poverty it is called upon to investigate depend, directly or indirectly, upon sickness.

These and other similar studies show both that health is necessary to secure a living wage, and conversely a living wage is one of the first requirements of health for the individual and the family.

All these questions are of vital interest to the hospital social service worker and investigator.

In possibilities of service the hospital represents one of the broadest human institutions. The treatment of disease, teaching and research should all be combined in its operation. With reference to the latter, not only the investigation of the causes and treatment of individual diseases but social disorders and maladjustments should likewise be considered. To attain its broadest usefulness, the hospital must serve as a sort of social laboratory in which disease and distress should be traced to their ultimate sources. Only thus can relief frequently be made permanent and recurrence of disease prevented. In a last analysis, some diseases present more of a social than a

medical problem. It is only necessary to mention tuberculosis in this connection.

Our charities and relief agencies are frequently too segmental in their operation. As a result, there is delay and uncertainty in completing the circle of relief. In handling human distress, delay may be dangerous or fatal. There is no institution that opens up so many questions and whose problems radiate in so many directions as the hospital. It should hence be made the source of very wide remedial efforts. There is too much specializing in charity—seen both in individuals and institutions. As far as the hospital is concerned, social service and prevention are closely allied.—*Medical Record*.

STANDARDIZATION OF HOSPITALS—INTRODUCTION AND CLASSIFICATION

Items that enter into the Problem—Financial Support, Architecture, Equipment, Organization, and Administration—Pathology and Asepsis—Roentgenology—Nursing—Dietetics—Accounting and Records—Out-Patient Work.

BY JOHN ALLAN HORNSBY, M.D., CHICAGO, WITH THE
COLLABORATION OF VARIOUS EXPERT SPECIALISTS.

THERE are three reasons for the standardization of hospitals: (1) To enable trustees, medical staffs, and administrators to compare the work and methods in their own hospitals with what other hospitals are doing; (2) To enable donors and supporters of hospitals to judge of the efficiency and usefulness of the institutions in which they are interested; (3) To enable the public to judge of the efficiency of the service in any hospital in order that they may know whether to patronize it or not and whether they and their friends may have the right to expect competent care when they are sick.

The importance of standardization may be judged by the immense amount of work that has been given to it over a long

period of years, and the difficulties surrounding the problem are to be judged by the comparative ineffectiveness of the work down to this time.

At its Atlantic City meeting in June, 1912, the Hospital Section of the American Medical Association appointed a committee to study the problem; in August of that same year the American Hospital Association appointed a similar committee for the same purpose, and, in order that the full effect of the resources of those two associations might be brought to bear for the benefit of this work, the same members were appointed for both committees, Dr. Henry M. Hurd being chairman of the committee of the Hospital Section of the American Medical Association, with Dr. F. A. Washburn and Dr. John A. Hornsby as the other members; Dr. Hornsby was made chairman of the committee of the American Hospital Association with Drs. Hurd and Washburn the other two members. In the spring of 1913, the Clinical Congress of Surgeons of North America appointed a large committee for the same purpose, Dr. E. C. Codman, of Boston, being chairman.

These three committees have reported progress to their various associations annually since that time, but in fact all three committees have been marking time, as it were, because there seemed to exist insuperable obstacles to any attempt to approach the problem in detail.

Two years ago the Public Health Service of the government was petitioned to undertake an investigation of the hospitals for purposes of standardization, but the Federal Government and Congress felt that this was a work for private enterprise and declined to undertake it.

The Carnegie and Rockefeller Foundations have been asked to provide the funds and undertake the work, and it seemed at one time that the Carnegie Foundation was on the point of appropriating funds for the purpose, but something interfered.

In the meantime, the Council on Medical Education of the American Medical Association determined that a classification of the hospitals was necessary in order that medical schools and newly graduated physicians might have data on which to frame a judgment as to those hospitals competent to give internes an efficient postgraduate training; committees were ap-

pointed in each state with a view to attempt to make some investigation in the hospitals of the respective states; and the secretary of the Council on Medical Education has reported annually a list of the hospitals adjudged competent to give an efficient interne training. These lists, however, were made up from data so incomplete, necessarily, that they have not served any very good purpose, but this activity on the whole has brought some results as the other activities have also brought some.

At the September (1916) meeting of the American Hospital Association at Philadelphia, Dr. John G. Bowman, director of the American College of Surgeons, read a paper introducing this problem and stating that the American College now had a fund available for the purpose of making some concerted and definite attempt to secure some hospital standards; a committee of the association was appointed at the instance of Dr. Bowman to collaborate in this proposed study, and Dr. Winford Smith, at the time president of the association, was made chairman.

Rev. Father Charles B. Moulinier, S.J., president of the Catholic Hospital Association, has announced that at the coming convention of that association, set for June, the three days' convention is to be given over to a discussion of the problem of standardization in symposium form, and it is announced that Dr. John G. Bowman, director of the American College of Surgeons, is to state the problem for discussion.

This brings us to the present moment, when it seems likely that a constructive system of standardization is to be attempted if not achieved.

It is the purpose of this series of papers, not to settle anything concerning standardization, but to discuss the problem in the hope that a sufficient number of thinking people interested in hospital work will participate to have great weight in any final settlement that may come.

I have given a good deal of thought to this subject, and I am venturing to present a tentative classification of American hospitals for standardization purposes. This classification is no doubt faulty and will not be that eventually settled on, but it has the merit of being at least a text to be studied, a framework on which a permanent structure may be moulded.

CLASSIFICATION OF HOSPITALS FOR PURPOSES OF
STANDARDIZATION.*General Hospitals.*

- Class I.—University or school hospitals—all sizes.
- Class II.—Semipublic hospitals, large, 250 beds and over.
- Class III.—Semipublic hospitals, medium-sized, 100 to 250
beds.
- Class IV.—Semipublic hospitals, small, 50 to 100 beds.
- Class V.—Semipublic community hospitals, small, 5 to
50 beds.
- Class VI.—Public municipal hospitals, large.
- Class VII.—Public municipal hospitals, small.
- Class VIII.—Private general hospitals, small.
- Class IX.—Private general sanatoriums.
- Class X.—Industrial hospitals.

Special Hospitals.

- Class XI.—Public tuberculosis hospitals, large.
- Class XII.—Public tuberculosis hospitals, small, 50 beds
and less.
- Class XIII.—Private tuberculosis sanatoriums.
- Class XIV.—State hospitals for the insane and epileptics.
- Class XV.—Private sanatoriums for mental and nervous
diseases.
- Class XVI.—Private sanatoriums for patients addicted to
alcohol and narcotics.
- Class XVII.—Infectious disease hospitals.
- Class XVIII.—Maternity hospitals, large.
- Class XIX.—Maternity hospitals, small.
- Class XX.—Children's hospitals, large.
- Class XXI.—Children's hospitals, small.
- Class XXII.—Creches and day nurseries.
- Class XXIII.—Convalescent homes and homes for incur-
ables.
- Class XXIV.—County farms and poorhouses.
- Class XXV.—Skin and cancer hospitals.
- Class XXVI.—Venereal hospitals.
- Class XXVII.—Old people's homes.

Class XXVIII.—Homes for the blind, deaf and dumb.

Class XXIX.—Homes for orphans.

Class XXX.—Homes for defectives and incorrigibles.

In any study of standardization, many items must be considered: the financing of the hospital, indicating the permanence and substantial character of its support; the architecture of the hospital building; its equipment; the organization of its medical and of its administrative forces; and, finally, the competence of the various departments of the hospital to meet the demand of modern medicine in the care of the sick: the departments of pathology, roentgenology, nursing, dietetics, record-keeping and accounting; and we have now come upon a time when it becomes necessary that every hospital of every kind shall do certain out-patient, dispensary and follow-up work—so that this item also must be considered.

In order to make these papers as helpful as possible, I have invited the collaboration of a number of experts in the various directions of hospital work to participate with me in their preparation; the list of participants will be published later. It is the purpose to take up the hospitals under the foregoing classification and to summarize in as great detail as possible that we may have a right to expect in each class of hospitals under the various above-named items.

It is recognized that so large a number of classes of hospitals is unwieldy, but it is certainly impossible that we shall have a right to exact of a small hospital all elaborations of architecture, equipment, and service that we may hope for in large, metropolitan, richly endowed institutions; and we may not exact of a special hospital the completeness for diversified service that we may look for in a general hospital treating a great variety of diseases, under many different conditions.

The idea is to put every hospital in this country under one or the other of the above-mentioned classes, and to recite in this series of papers just what each of these classes of hospitals should have and do and be in order to meet the reasonable demands of modern medicine for the care of the sick. It is proposed to number these classes of hospitals numerically. The hospitals themselves are intended to be marked A, B, or C, in

accordance with the nearness of their approach to the ideal in the respective classes. Eventually, it may be considered even best to make points from 0 to 100 and to give a certain percentage value to each item in efficiency and to take away a certain percentage for deficiency in any of the items: for instance, the item "pathology" would be given a certain percentage of the total, and each of the other items would be given its percentage, so that in the final report on any hospital the investigator would not have a free hand in marking hospitals, but would be guided by restriction carefully detailed. In this way an investigator could be sent into each state or into each platted district in the expectation that results of their investigation would be comparable.

In the investigation reported upon the medical schools some years ago, the Rockefeller Foundation entrusted the work to one individual, and the markings thereby had a comparative value; but there are two hundred medical schools and some eight thousand hospitals, so that the individual judgment will be manifestly impossible in the case of hospitals.

In our paper next month we shall venture boldly upon a consideration of the first class of hospitals, namely, university or teaching hospitals.—*The Modern Hospital*.

HOSPITAL PROBLEMS

L. W. LITTIG, Davenport, Iowa (*Jour. A.M.A.*, Mar. 31, 1917), discusses the problems that arise from the multiplication of hospitals at the present time, and his criticisms are largely limited to the open hospitals which permit any practitioner to assume the gravest responsibilities within their walls. There have never been, he says, so many good surgeons as at the present. There have never been such brilliant results of operations, but it would be equally true to say that there has never been so much bad surgery with disastrous results as now. While the internist has the most difficult and perplexing problems, there is this difference between him and the surgeon. His sins are those of omission, while the surgeon's sins are too often sins of

commission. Of the good done by surgery, he will say nothing, and of the harm done in the name of surgery, there is no need to say much. The open hospital, he believes, is responsible for the most of surgical malpractice, and he asks how is good work possible in the average open hospital where 100 general practitioners of all classes have equal privileges. He asks what is the chief function of a hospital staff, and says the answer is simple. The chief function of the hospital is to educate itself individually and collectively, better to discharge the duties and obligations incurred in accepting the positions. It should hold frequent meetings to discuss both surgical and medical problems. Failures should be freely discussed, as they are often more instructive than successes. The members should make frequent visits to medical centres, and report to their colleagues. All operations and necropsies should be bulletined, and every opportunity for surgical improvement be utilized. He says he has failed to find one open hospital in the Middle West in which the staff either realized its opportunities or profited by them along the lines suggested. The introductions of Röntgen outfits and clinical laboratories have acted, he says, as soporifics rather than as stimulants, and nothing can be hoped from men who blindly follow laboratory diagnoses instead of themselves doing some hard, independent thinking. There is no promise, he thinks, that the evils mentioned will be corrected from within. This seems to demand some powerful influence from without. When the public becomes fully aware of them it will make its influence sharply felt in favor of the better establishments. He mentions two cases of abuse, one in which the largest contributing physician was elected surgeon, and received half of the surgical fees and was supported in this by the hospital board. In another instance, one surgeon who resides in the hospital receives a salary, does all the general surgery. These are the antitheses of the open hospital, and between the two there should be some plan giving every properly trained and rightminded man an opportunity to work and still protect the public from indiscriminate operating by incompetents. He suggests that if a properly trained but untried practitioner asks to use the operating room he will be permitted to, but must bulletin his operation the evening before and allow

the members of the staff to attend operations and staff meetings, but without a vote. If his work is satisfactory, after a sufficient time he may be elected to staff membership, but if not he shall be regretfully informed that this, while not a closed hospital, is a restricted one. He believes the remedy is in sight for the present evils, and the results will show in a few years. Investigation and classification of hospitals as planned by the American College of Surgeons promises splendid results. The hospital fifth year, soon to be universally required by medical schools and examining boards, will have beneficent results, and inspection by the American College of Surgeons will rate hospitals properly that at present employ internes. He would like to say, "As is the training school so is the hospital," and where it is unsatisfactory it also needs correction which can be brought about, in a similar way, by the investigation and classification of the American College of Surgeons, medical schools and examining boards. He quotes as a wholesome sentiment recently heard in a Chicago clinic, "We do not want our graduates to consider themselves specialists, we do not care to have them know how to do a given operation, but we want them to recognize surgical conditions, we want them to know how to make a diagnosis. If they wish to be surgeons, we want them to take additional training." In conclusion, he says he wishes to emphasize, especially, the importance of conscience and of honesty in the surgeon, without which professional qualifications, however high, are poor indeed.

HOSPITAL SURGEONS

IN a recent number of the *Modern Hospital*, Dr. S. S. Goldwater, whose observation as superintendent of a large hospital extends over many years, offers some valuable suggestions which may well be taken to heart by the public, which is likely to become the sufferer or beneficiary of the appointed staff. Dr. Goldwater insists that lay trustees are more impartial in the designation of medical appointees than medical men would be because they are less likely to be influenced by personal or professional relation with the candidates; on the other hand, it

would be unwise for the lay trustee to depend entirely upon his judgment in technical matters. For this reason it has been found that safety lies in a joint committee. He especially emphasizes the advantage of making appointments provisional and the abolition of the former lifelong position.

It is a singular fact that the most capable business men do not usually obtain the services of the most capable medical men for their families. One need only to know whom our captains of industry employ in that most important capacity for themselves and their families to realize this truth. Tact, personal magnetism and not infrequently capacity for a good game of golf or cards appear to weigh more in this vital matter than experience in practice or research work. The head of a corporation who would not dream of appointing an admiralty or real estate lawyer to protect the legal interests of his institution does not hesitate to employ a professor of midwifery as his family physician to treat him for typhoid fever.

For this reason it is important that the personal predilection of the hospital trustees be counterbalanced by the professional predilection of the hospital surgeon in the conference committee.

The personnel of the medical staff is acutely discussed by Dr. Goldwater from the standpoint of practical observation. He wisely counsels against the appointment of a man who is so popular as to have several hospital appointments or whose large private clientele occupies too much time to enable him to be interested in research work or training of his assistant. We have seen this type of surgeon rush into the ward, ask the house staff, "Anything new?" rapidly pass through the ward, then, with watch in hand, go through the private ward. We have seen the wagon containing the dressings at one end of a long corridor indicating that the surgeon is visiting at that point, while at the other end of the corridor a patient's wound has been exposed in readiness for the visiting surgeon, whose time is too precious to await the removal of the dressings.

The full time pay surgeon has recently become popular. While he has ample time to devote to each case, he is usually too young in practice to be as capable as the formerly popular type of visiting surgeon. For teaching purposes such a surgeon is

to be preferred, but it is a great mistake on the part of the medical schools to depend entirely upon these otherwise excellent young men who have graduated from an internship to the place of an assistant and thence to the higher position, without experience in private practice, to complete the training of students. This is a point not discussed by Dr. Goldwater.

The fees of the surgeon present a problem that is not easily solved. Much time and wear and tear are expended upon ward patients without compensation, excepting the opportunities afforded in reputation and experience acquired. Success in surgery without attachment to a hospital is difficult to obtain, since laboratory work for diagnosis is its chief basis. The prevalent keen competition for unsalaried hospital physicians indicates that the latter are not sought for altruistically. We are surprised to learn that the trustees of the most important municipal hospital in New York city pay chiefs of their medical and surgical departments for a minimum of four hours daily service. Doubtless better service may be got by this method.

On the subject of hospital monopolies common experience teaches that not only does the appointment of a surgeon who is connected with a large number of hospitals physically incapacitate him for doing the best work in any one of these, but it debars many capable men from attaining high positions which they may merit. The latter handicap is now, happily, diminished by the European method of an age limit for hospital surgeons, now in force in our hospitals.

Since the former disinclination to enter a hospital for treatment has given way to the intelligent appreciation of the advantages frequently arising from such treatment, citizens need to be well informed on all questions pertaining to the management of the institutions to which they entrust their lives.—*Selected.*

Items

A BABY CAMP ON HOSPITAL GROUNDS

BETHANY Methodist Hospital, Kansas City, Kan., opened a Baby Camp on the grounds of the Hospital early last month and intend keeping the Camp open till the end of Sept. The idea of the Baby Camp is that any sick, diseased, poorly nourished, hungry and deformed babies, irrespective of creed, color, nationality or location, can be treated and cared for absolutely free. All babies under two years of age are being received. Free daily clinics are being held at 8 and 11 a.m. and instructive lectures are given in the Hospital Chapel at 3 p.m. each day by specialists on some phases of conservation of life and health, to which all interested are cordially invited.

BASE HOSPITAL FOR THE ARMY

IN the news columns is an account of the progress which has been made in the organization of base hospitals under the direction of the American Red Cross. Several points are worthy of mention in connection with this movement. The first is that for over a year the details of this movement have been going on quietly and without excitement or hysteria. When it is considered that thirty-four hospitals have been organized and twenty-three of them completely equipped, that this involves the selecting, enrolling and training of over 800 physicians and surgeons and the selecting of a total personnel of nearly 7,000 persons, it will be realized that the medical profession has for some time been doing its share in the national preparedness movement. The function of these base hospitals should be clearly understood. They are not intended for operation in the cities in which they are organized, but are mobile units which can be sent on short notice to any desired location. They are not intended for operation in the field in close connection

with troops or near the firing line, but are designed to serve as base hospitals receiving the wounded from the field hospitals, as do the base hospitals in Europe. Probably fifty such units capable of caring for an aggregate of 25,000 sick and wounded soldiers can be completed with little difficulty. With such an equipment, in addition to the regular medical and surgical service in the army and navy and the various ambulance corps which are being organized, it is safe to say that the United States is to-day better prepared to care for the sick and wounded in any possible war than it ever has been before in its history.

BOOK REVIEW

Food Poisoning. By EDWIN OAKES JORDAN, Chairman of the Department of Hygiene and Bacteriology, University of Chicago. The University of Chicago Press. Price \$1.00 (postage additional). Chicago, Ill.

This monograph of 107 pages and an adequate index, summarizes concisely the present state of our knowledge of the subject of food poisoning. The most noteworthy statement is contained in the concluding paragraph and is as follows: These examples are sufficient to show that in a considerable proportion of cases of alleged food poisoning there is a large measure of uncertainty about the real source of trouble. Although the trend of opinion has been in the direction of an increased recognition of the share of certain bacteria, especially those of the paratyphoid group, there is an important residue of unexplained food poisoning that needs further skilled investigation.

This monograph can be cheerfully recommended to those who wish to be informed as to the present state of our knowledge of this important subject.

J. G. F.

MISCELLANEOUS

The Nation's Debt to the Cigarette

ONE of the effects of the war is to give us a greater appreciation of values, a better knowledge of what we owe to certain things which in normal life we take as a matter of course, without troubling to think what they mean to us.

In the light of events and experiences at the front, it is being more and more clearly established that the cigarette is a boon and a blessing to mankind. Wherever the soldier goes, he wants his cigarette; you read of it in his letters to his friends. All sorts of thrilling experiences have been described in these letters; they are of infinite variety, and yet how often do we find in them the words, "Please send me some cigarettes."

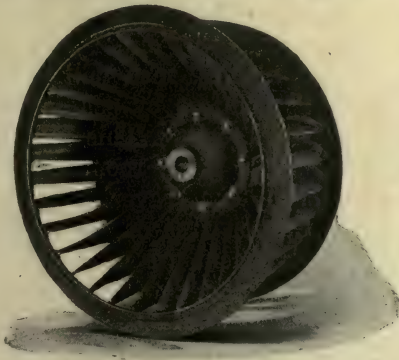
Newspaper correspondents and others writing of what they see in the war zone tell the same story. "Blue everywhere, under the gray of coming day; so that I felt myself in a sort of crepuscular blue dawn, touched with a thousand crimson stars, which were glowing tips of cigarettes," writes Maude Radford Warren in a recent issue of the *Saturday Evening Post*. She is describing the departure from Paris of troops for the front, and that was the impression she got as she stood on the platform of the station just before the train started.

It is a significant picture. Follow the men to the front and through all their trying experiences, and you will find that the cigarette is the greatest help to them. A British officer writes: "My men will bear any dirt or discomfort so long as they are well supplied with smokes."

A cigarette is the key to the cheerful spirit; it soothes the nerves and gives patience and equanimity under all conditions. Its value to the soldier when he has the misfortune to be wounded is even greater than when he is in action. With cigarettes to enable them to bear the pain, men have been known to undergo amputations whilst fully conscious.

A cigarette is a good thing for either soldier or civilian, and the benefits arising from its use are particularly evident in the trying times in which we live.

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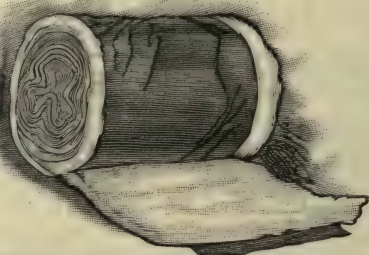
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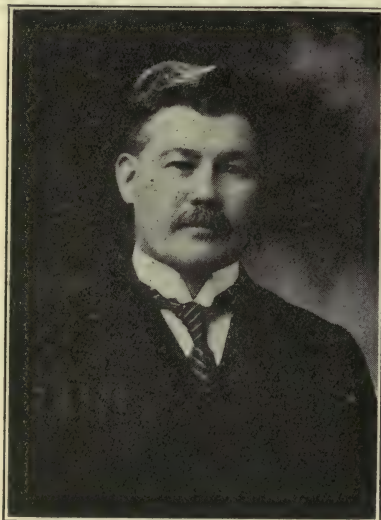
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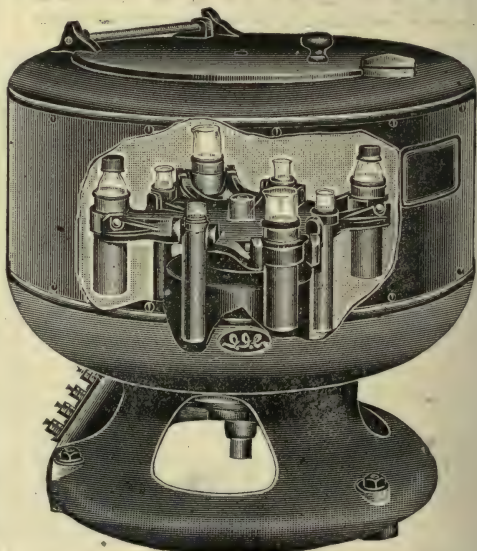
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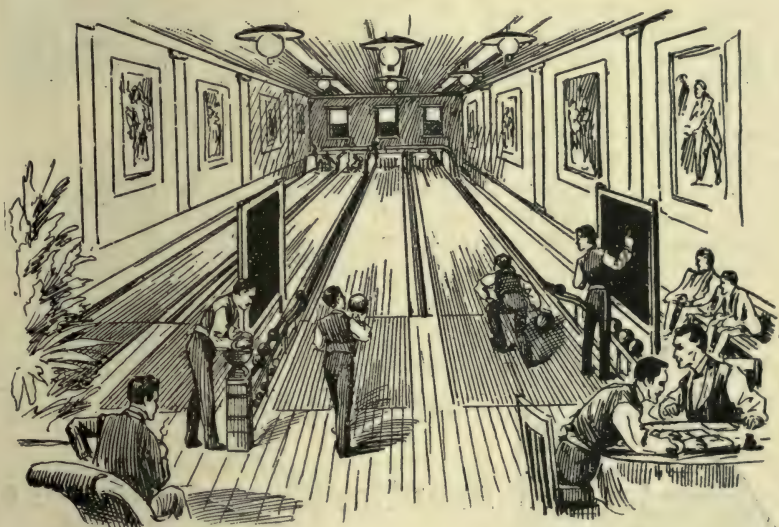
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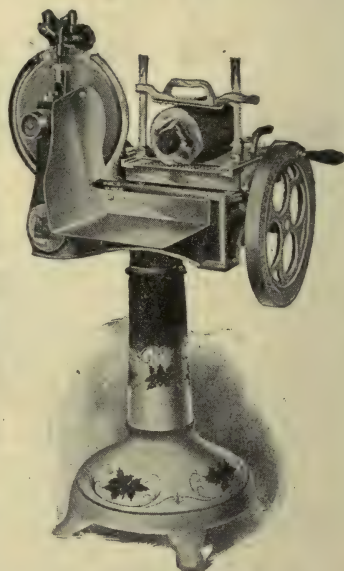
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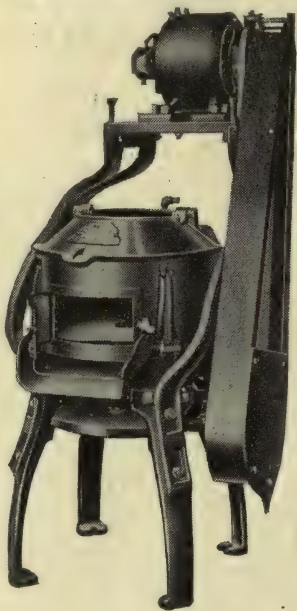
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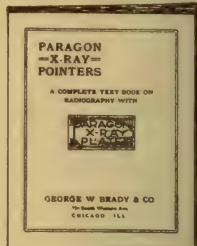
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Vol. XII (XXIII) Toronto, October, 1917 No. 4

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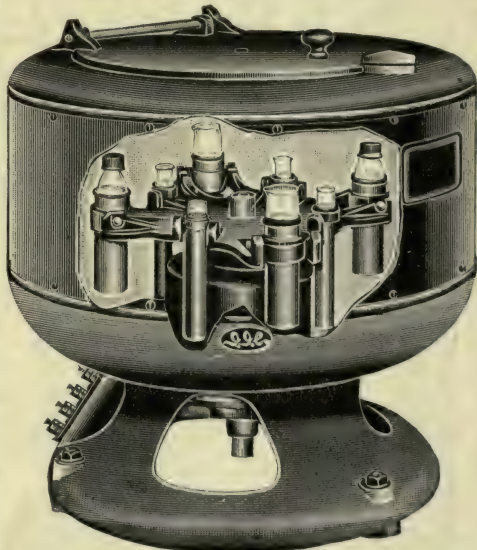
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Toronto, Canada

A Journal published in the interests of Hospitals, Sanatoria, Asylums, and Public Charitable Institutions throughout the British Empire.

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All Communications, Correspondence, and Matter regarding Subscriptions and Advertisements TO BE ADDRESSED TO "THE HOSPITAL WORLD," 145 COLLEGE ST., TORONTO, ONT.

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Vol. XII.

TORONTO, OCTOBER, 1917

No. 4

Editorials

THE TORONTO GENERAL HOSPITAL

MR. P. C. LARKIN, Vice-Chairman of the Toronto General Hospital, has written to the Board of Control of Toronto, stating that unless assistance to that

institution is forthcoming, the Board will be obliged to close up the hospital.

Of course, Mr. Larkin knows that the hospital cannot be closed; and that assistance will be given. The Board of Control received the letter in the same manner as banquetters receive the toast to the dead—in silence.

Meantime, Mr. Bradshaw, the business manager for the City Council, is looking into the matter.

The public, meantime, through the press, has been given figures showing the annual deficit of the hospital and the increased costs of the food, fuel, and furnishings since the war.

The city authorities seem to think it is “up to” the Province to pay more than the small *per capita* of the public ward patients, amounting to thirty cents per day.

The support of the hospital is mainly from the City, the Province, interest on endowments, current benefactions, and from the patients.

The City, we think, may justly ask the Board to seek increase of revenue from the other sources of supply. Our tea kings, our bacon kings, our big brokers, our merchant princes—a good many of whom have incomes the dear public would be startled to learn the amount of—might, without scarcely feeling it, dip down into their pockets and pay off the annual deficit with the greatest ease.

The City has other hospitals to assist in supporting; it has the great school system; it has its big public improvements; taxes now are mounting sky-

ward for the poor average ratepayer, and we cannot blame the City for directing the Hospital Board to the Province for an increased *per capita*, and to our financial princes and captains of industry for generous donations.

We might add that the rates to patients might well be raised until the stress is past.

We would suggest, too, that inquiry be set on foot as to whether certain economies might not be instituted, *and especially to insist upon certain of the rich men in Toronto who promised large subscriptions to this splendid institution, and so far have not paid a cent on account.*

The outside profession of the City who can do much to support a hospital might well be invited to become more closely identified with the institution by invitation to clinics, by invitation to send their specimens to the fine hospital laboratories, by being specially invited to come and follow the progress of the public ward patients they may have seen at the initial stages of his disease and sent in, to be subsequently cared for by the hospital staff.

We have heard more than one "outside" physician complain of his lack of welcome when he has tried "to get a look in" at some of the work being done at the Toronto General Hospital.

These outside men should be encouraged to visit the institution. Many of them would be glad to avail themselves of an opportunity to get a look in and to learn of some of the advanced methods of diagnosis and treatment which may be in vogue in hospital practice.

THE HUNS AND THE HOSPITALS

THE HUNS are now shelling hospitals and murdering patients, nurses and doctors—apparently with deliberate intent—a picture of a hospital bombed showing the sign of the Red Cross, being found on one of the enemy fiends who was brought down.

The poor Germans are sinking deeper into everlasting disgrace. When will such diabolical practices cease? Not until Germany is brought to her knees—and, from present indications, that period is near at hand. Nothing seems to check this policy of frightfulness; and instead of exploding with rage, the Allies must now await "The Day." Then there must be a reckoning; then the Teutons must pay the piper. What the penalty will be for these unspeakably shameful atrocities, these unparalleled barbarities?—who can suggest the punishment to fit the crime? That there will be a suitable retribution is as sure as Fate; for no nation or individual can flout the moral law without suffering the just consequences.

Poor, blind Germany!

War Hospitals

CANADIAN OFFICERS' NEW HOSPITAL AT YARROW *

"THE Yarrow Home for Convalescent Children"—as a brightly polished plate on the front door still calmly testifies—has undergone many changes since Sir Alfred Yarrow sanctioned its use for military purposes. Since very early in the war the great building has been used for children of a larger growth. Quite recently, however, a complete change has been made in the administration of this hospital, and as an active treatment hospital for Canadian Officers, another page has been added to the history of the "Yarrow Home." A visitor who was privileged to look round the Home, was led by an obliging and courteous Adjutant. It was something in the nature of a "surprise" visit, but an Institution organized as the Yarrow is, is ever ready for the closest inspection. One could tell that at a glance as one passed along the airy corridors and into the wards, so fresh and spotless, all hung with the cheerful "Yarrow" pictures, all swept and garnished and ready for any emergency. It may be mentioned that the Yarrow Home is an institution quite distinct from the Grand Hotel. It is its own centre, and a separate command of the Canadian medical system.

Placed in acres of beautifully wooded ground, every open window looks out upon a charming scene, while from the balcony which runs the entire length of the sunny side of the ward an ideal lounge overlooking the prettiest part of the garden is being made. Everywhere there is order and a wonderful cleanliness, though not of the kind that is irksome to the patient. For at the first glance it can be seen that the brass plate on the door is in part still correct. The Yarrow is still a "Home" to its guests, for in spite of hospital and "military" discipline, the place bears an indescribably homely air which is particularly delightful.

*Per kindness Lieut.-Col. Chas. Gilmour, O.C.

The cheerful and capable C.A.M.C. boys "carry on" with their work in ward and corridor. As we mount the winding stairs and enter—not the "spider's parlor"—but the operating theatre, we see everything is spick and span. Everything is white and bright. A fine X-ray apparatus has been installed. Down below there were the delights of the Quartermaster's stores, in close proximity to the dispensary.

The Yarrow has a special department for Red Cross supplies—*i.e.*, things that are given—and here again everything is in apple-pie order. The kitchen arrangements are a joy to behold. Here white-clad cooks were busily engaged in preparing a tasty meal cooked by an admirable system of steam heat. The head of this department was anxious for us to inspect his cupboards (what models of tidiness!) and sweet-smelling larder, where everything looked so appetising and wholesome that a great hunger assailed us.

On our way out to inspect the grounds we had an opportunity to survey the sterilizer at work. Beds and bedding were being placed in the huge metal drum. In reply to a polite enquiry the attendant admitted it was rather hot for anything inside. "Abandon hope all ye who enter here" might well be written above this establishment for the treatment of little germs.

Matron McAllister, who hails from Kingston, Ontario, has done fifteen months' service in France and she has been with the Canadians since the early days of Salisbury Plain. Her delightful room contains photographs reminiscent of her experiences in France. Her Nursing Sisters at Yarrow have nearly all seen service in France and they include Sisters Birkett (Victoria, B.C.), Smith (Nova Scotia), Sharp (Prince Edward Island), McQuaig (Ontario), Abel (Fergus, Ont.), Sotheran (Ontario), McRae (London, Ont.), Henry (Whitechurch, Ont.), Clarke (Windsor, Ont.), Condon (Halifax, N.S.), Tyner (England), Blewett (Peterborough), and Kirkham (Brandon).

The writer was pleased to meet the keen O.C. of the Hospital, Lieut.-Col. C. H. Gilmour (Toronto). He has held a position as army surgeon for fourteen years and for five years held the rank of Major, so that he brings much valuable experience to bear upon his present work. After serving with the C.A.M.C. in France, he was also Surgeon-in-Chief at the Bram-

shott Military Hospital and, for the rest, his delightful personality is an attribute that goes far towards making Yarrow the home that it is.

Captain J. C. Tull (Montreal), who has just returned from France, is in charge of the Medical Department, and the other M.O.'s include Captain and Adjutant T. B. Edmison (Adj. and Registrar, formerly of the Granville Special Hospital, Ramsgate), Capt. C. A. Publow (Picton, Ont.), Capt. H. R. Macintyre (Kincairdine), Capt. G. L. Campbell (British Columbia), and Capt. R. K. Lindsay (Quartermaster), who has recently been invalided home from France.

Added to this, Sergeant-Major C. E. Cattermole and a staff of some eighty men help to carry on the work.

Finally, it should be mentioned that Broadstairs realizes the Yarrow under its present regime is a distinct acquisition to the town.

CANADIAN HOSPITAL WRECKED BY GERMAN AIR RAIDERS

CHATHAM HOUSE, Ramsgate, used as a Canadian Military Hospital, with the adjoining Townley Castle, was bombed by Huns during the raid on August 22nd. There was a huge Red Cross flag spread out on the ground as a special indication of the character of the building. Hundreds of patients collected in the grounds to see the fighting, making a big patch of blue, which the Huns could hardly fail to see.

The bomb which was dropped on Townley Castle wing, reduced to matchwood more than half of a ward 50 yards long and 20 feet wide. The ward had mostly amputation cases. Some patients had lost both legs. All had managed to get into the grounds. They cheered for all they were worth when first one raider came spinning to earth in flames, and then another.

A few minutes later an attack on the hospital began. Where 50 beds had been there was nothing to be seen in the afternoon but matchwood, distorted iron and torn bedding. This part of the establishment consisted only of the ground floor, better to suit the comfort of men who had lost legs.

Four camps used by the patients were also destroyed. They caught fire and were burned.

The wonder is that of the men standing near only one was killed, five very seriously injured, and two seriously injured. Dozens of others had fragments of bombs in the body from flying debris.

The other bomb that hit the hospital went through the roof of the old school, and completely wrecked the ward. Fortunately the ward was empty, otherwise all the men would have been hurled to the floor below.

The recreation room was also empty, but the explosion went through to the basement, and killed Pte. Creighton, of the Quartermaster's staff, who was preparing the midday meal. Creighton served 18 months in France before being invalided home.

In a despatch on August 24th from the British front in France, Perry Robinson says:

The Germans are now deliberately selecting our hospitals and clearing stations for attack.

I make this charge dispassionately, in all earnestness. This does not imply that Germans accidentally hit clearing stations, but they deliberately select them for attack. They leave all else alone.

Three nights ago they bombed three clearing stations in succession. These had been established in their present position for two years. The Germans must have been perfectly aware of their identity and then they were not objects of legitimate military attack.

In one of the three attacked they wounded three women nurses. In the second they killed one man and wounded three doctors of the Royal Army Medical Corps. In the third they killed nine German wounded soldiers in their beds.

Last night they similarly attacked other stations with results not yet ascertained. At the place where the German patients were killed there were not only German wounded being tended, but also a large number of our own men. While our wounded all remained silent and self-controlled, the panic of the Germans was indescribable. When one bomb fell a German being attended by a nurse held up his hand in terror, and cried piteously, "Kamerad! kamerad!" to the laughing nurse.



NEWMARKET MILITARY CONVALESCENT HOSPITAL

PICKERING COLLEGE, Newmarket, was loaned to the Military Hospitals Commission by the Religious Society of Friends, free of rent. Since May it has been almost completely altered to make it suitable for the treatment of returned soldiers suffering with mental ailments. In that way it is possible to separate this class of patients from the shell-shock men, for whom special provision is being made at the Ontario Military Convalescent Hospital, Cobourg. Newmarket Military Convalescent Hospital is surrounded by spacious grounds and will be staffed with alienists.

MISS EMMA PENSE, KINGSTON, GETS ROYAL RED CROSS

MISS EMMA PENSE, of Kingston, one of the first of the Canadian military nurses to see service at the front, has been invested by the King with the Order of the Royal Red Cross, the second Canadian to receive the honor. The investiture took place in the presence of Her Majesty Queen Mary, the Queen Mother Alexandra, the Duke of Connaught, and other royalties. The King and Queen chatted with Nurse Pense for some time, and the Duke of Connaught, who never loses an opportunity of reviving Canadian associations, asked the nursing sister if she remembered him.

MILITARY HOSPITAL AT HALIFAX TO HAVE 600 BEDS

CAMP Hill Military Convalescent Hospital, Halifax, is to be doubled in accommodation, according to announcement made by the Military Hospitals Commission. Originally designed to have 300 beds, this Institution is the first complete Hospital erected by the Commission. By adding two new wings another 300 beds will be provided for.

The Hospital stands on Imperial Government property immediately adjoining the Citadel and occupies the second highest point in the city. It is being built in such fashion that by bricking it over after the war, the Government or the Municipality can convert it into a permanent addition to the city's hospital accommodation. A separate vocational training building stands at the rear.

HOSPITAL FOR OFFICERS NEAR WINNIPEG

WITH the opening of the Tuxedo Park Military Convalescent Hospital, Winnipeg, which has accommodation for 750 patients, the Deer Lodge Hospital, formerly a summer hotel near Winnipeg, has been converted by the Military Hospitals Commission into a hospital for convalescent officers.

MILITARY HOSPITALS COMMISSION PREMISES IN TORONTO TO BE ENLARGED

FOR some time past the accommodation at the Headquarters of "D" Unit of the Military Hospitals Commission command has been inadequate for the ever-increasing staff. It is understood that plans have been prepared and are now under consideration for extensive alterations to the premises in Queen's Park, Toronto. It is probable that a new wing will be added on College Street, west of the present premises.

CANADIAN OFFICERS' HOSPITAL AT CROWBOROUGH CLOSED

ON ACCOUNT of the Canadian forces having been withdrawn from Crowborough, and the Headquarters there closed down, the Canadian Officers' Hospital at "The Limes," Crowborough, ceases to be operated as a Canadian Military Hospital.

MOTOR FOR SOLDIERS

FOUR members of the Saskatoon Automobile Club raised \$640 by public subscription and purchased an automobile for the use of crippled returned soldiers at the Military Convalescent Hospital, Saskatoon, formerly the Y.M.C.A. building. The car is being used chiefly for soldiers unable to walk.

HOSPITAL STAFF CHANGES

IT is stated that Lt. M. J. Kennedy, of Kingston, is to be taken on the strength at Spadina Convalescent Home, Toronto. Nursing Sister L. Montgomery has been recalled to the staff at the Base Hospital, and left her duties at Davisville Military Hospital, on August 16th.

SHELL-SHOCKED MEN RECEIVE SPECIALISTS' CARE AT COBOURG

THE two new wings and large dining room which are to increase the Ontario Military Convalescent Hospital, Whitby, to a 450 bed institution are now open. Building operations in connection with a recreation hall in which the social life of the patient will be centred have also been begun. The hospital is specializing in the treatment of shell shock cases, and contains elaborate equipment. The Medical staff consists of a group of highly trained nerve specialists.

GOVERNMENT HOUSE ADAPTED AS MILITARY CONVALESCENT HOSPITAL

WORK is proceeding rapidly with the additions to the former Government House at Fredericton, N.B., which is being adapted by the Military Hospitals Commission as a convalescent home and re-education centre for wounded soldiers.

The existing beautiful stone structure is nearly one hundred years old and its interior is being practically gutted. The walls, however, are perfectly preserved. Two wings are being added, one at each end, and the resulting accommodation will be 400 beds. Ample provision for the recreation of the patients is being made. The Hospital will be ready for occupation by early Fall.

RETURNED VETERAN TO BE ADJUTANT AT SPADINA CONVALESCENT HOSPITAL

CAPT. D. M. MATHIESON, M.C., of the headquarters staff at Camp Borden, has been appointed adjutant on the staff of the Spadina Convalescent Home. Capt. Mathieson is a veteran of the war and was at Zillebeke, Ypres, and saw service all through the Somme advance of last summer. Since his return after being wounded last year, he has been engaged in special training work, having been attached for general headquarters staff duties. Latterly he has been taking considerable interest in the work of the Great War Veterans' Association in connection with the "Battalion" organization work. He has the confidence of the returned men in a large degree.

SYDNEY HOSPITAL NOW READY

THE Moxham Hospital at Sydney, N.S., for convalescent soldiers, under the direction of the Military Hospitals Commission, is just about ready to receive returned men. The last of the equipment is being installed and plans made for re-educational work by the Commission.

MOOSE JAW SCHOOL BUILT BY A GERMAN NOW A HOSPITAL

THE Ross School in Moose Jaw, declared by Sir James Lougheed of the Military Hospitals Commission to be one of the best-equipped hospitals in the Dominion, required only an expenditure of \$200 to put it in shape for the accommodation of sick and wounded men due to the fact, it is said, that a German architect built it four years ago after the design used for schools in Germany that they may be almost instantly turned into barracks or military hospitals.

Whether this German believed that he was building it as the kaiser would have it after the conquest, no one can say, but many believed he entertained some such fancy.

Now, however, he is in California and 200 men in varying stages of convalescence are sheltered in the school. An addition is being built now and 600 men will find accommodation there when it is finished.

The basement has been converted into vocational training rooms, a democratic departure which the kaiser certainly would not countenance, and instructors, many of them returned soldiers, are fitting men who have been incapacitated to re-enter civil life again.

GOING TO CHAFFEY LODGE

A NUMBER of men have been transferred from Spadina Convalescent Home, Toronto, to Chaffey Lodge, on the Rideau Canal, for special treatment. Chaffey Lodge is a home which has been provided by private means for returned soldiers suffering from shell shock and other nervous disorders.

COLLEGE STREET HOSPITAL STAFF

THERE are now four doctors, five nursing sisters, three masseurs and two masseuses at the College Convalescent Home, Toronto, to look after the immediate needs of the patients.

\$60,000 FOR HOSPITAL AT ORILLIA

THE canvass for the proposed Soldiers' Memorial Hospital at Orillia closed with \$57,000 subscribed and a few deferred subscriptions which, it is hoped, will bring the amount up to \$60,000. The Girls' Red Cross Society, which had charge of the campaign outside of business sections, made a house to house canvass and secured \$9,300. When the campaign was inaugurated the total aimed at was \$50,000.

No. 4 UNIVERSITY BASE HOSPITAL REACHES ENGLAND

AFTER being stationed at Saloniki, Greece, ever since the Hospital left Toronto, No. 4 Toronto University Base Hospital has been transferred to England, reaching there about Sept. 1st.

U.S. HOSPITAL EXPERTS STUDY CANADA'S CARE OF HER WOUNDED

AMONG the numerous deputations of American hospital authorities who have visited the Institutions of the Canadian Military Hospitals Commission, was one composed of Dr. S. S. Goldwater, of Mount Sinai Hospital, New York; Dr. C. M. Frazier, of Philadelphia; Dr. R. W. Lovett, of Boston, and J. J. Webber, of New York, representatives of the American Red Cross Society. These gentlemen expressed themselves as surprised at the breadth and variety of measures used to restore the disabled to useful citizenship. They paid particular attention to the functional training carried on at Hart House, Toronto, and predicted that the United States would follow in Canadian steps very closely.

Canadian Hospitals

OPENING OF THE NEW WING TO TORONTO FREE HOSPITAL

AMONG the many functions at which His Excellency the Duke of Devonshire officiated during his visit to Toronto the last week of August was the opening of the new wing to the Toronto Free Hospital and the annex to the Queen Mary Hospital for Consumptive Children. The ceremony took place at ten o'clock on Wednesday morning, August 29th. The new wing will accommodate forty patients and is a magnificent addition to the hospital.

The exterior of the wing, built to conform with the main building, makes a handsome addition to this already large structure. Some considerable change has been made in the planning of the interior, that instead of being divided into small wards, each floor has been made into one large, airy ward. Lavatories, diet kitchens and pantries have been arranged most conveniently on each floor.

The feeling of spotlessness which one is given in passing through the other part of the Toronto Free Hospital is enhanced on entering those beautiful rooms with their high ceilings, bright and airy windows, softly-tinted walls and terraza flooring, the comfortable furniture and spotless beds, make one feel that here is an ideal place for the consumptive patients.

The Davies Cottage, erected through the generosity of Mr. Wm. Davies, of this city, is devoted entirely to little children, three years of age and under. It is built on the square plan with a central hallway opening up on the first floor, to wards on either side, and kitchen and dining-room in the rear. On the second floor are wards on either side, large bath room and sun room in the rear.

This building will accommodate some twenty little patients and assures ideal conditions for their treatment and care. There are at present some twelve to fifteen babies now in residence, two of whom are but a few months old.

THE CORNER-STONE OF THE WOMEN'S HOSPITAL WILL BE LAID WITHIN A FEW WEEKS

AT THE August monthly meeting of the Board of the Women's College Hospital, Rusholme Road, the Superintendent's report showed that twelve cases had to be refused for lack of room. For two weeks all the beds (24) were occupied and 14 babies cared for. The Treasurer's report of maintenance account showed receipts of \$915 and expenditures of \$921.93.

The excavation for the new building was begun July 31st, and the work will be ready for the laying of the corner-stone about the middle of October.

Space was secured in the Arcade at the Exhibition, and "bricks" were sold in aid of the building fund. "Brick" lunches were one of the features.

NEW SANATORIUM AT SASKATCHEWAN

THE first sanatorium in Saskatchewan for the treatment of tuberculosis has now been opened by the Military Hospitals Commission. Earl Grey School, Regina, has been enlarged by the addition of a solarium at each end suitable for taking the cure. Accommodation is provided for about 60 soldier patients.

The M. H. C. has patients in fourteen sanatoria, several of which are now conducted entirely for wounded soldiers. In almost all additional buildings have had to be put up by the M. H. C. to make room for the patients. At the present time over 1,000 men suffering from tuberculosis are being cared for by the Commission.

Items

THE sum of \$10,000 has been given to the Englehart Hospital, Petrolia, by Mr. J. S. Englehart, Chairman of the Northern Railway Commission, for the purpose of adding a maternity wing to the Hospital. The Hospital itself was also the gift of Mr. Englehart and was formerly his private residence.

THE Waterloo Hospital Board recently engaged Miss A. McMillan, of Winona, Minn., formerly of Stratford General Hospital, as Assistant Superintendent, and Miss N. Dunbar, of Guelph, a graduate of McDonald Institute, as dietitian of the Institution.

DR. EDWARD S. BLANCHARD, Medical Superintendent of the Falconwood Hospital for the Insane, died at Charlottetown, P. E.I., at the age of sixty-eight. Dr. Blanchard was born at Windsor, N.S. He leaves a widow, one daughter, and a son who is at present on active service.

DR. J. N. E. BROWN, who until a few months ago was Medical Superintendent of the Henry Ford Hospital, Detroit, and who for a number of years was the esteemed Superintendent of the Old Toronto General Hospital, on Gerrard Street East, has returned to Toronto. He has purchased 238 Bloor Street West, and took possession two weeks ago. Dr. Brown intends doing a general practice. We welcome him back to Toronto.

CAPT. D. H. MCWILLIAMS, Adjutant of the Base Hospital, Toronto, has been attached to the British War Mission with the rank of Major. His successor will be Capt. V. H. K. Moorehouse, M.C. The Adjutant of the Spadina Military Hospital, Capt. W. E. C. McCarthy, has resigned, as he has recovered from his wounds and is returning overseas.

CAPT. H. V. DUGGAN, hospital representative on the military hospital at Epsom, has been appointed temporarily to Kirkdale.

CAPT. J. R. GODALL has been appointed Deputy Assistant Director of Medical Services at Shorncliffe Hospital, relinquishing his post at Crowborough.

CAPT. O. C. J. Withrow has been appointed M.O. at the recently created Military Hospital at Newmarket and commenced his new duties on August 29th.

LIEUT.-COL. T. C. BEDELL has been appointed acting-officer commanding the Canadian Convalescent Hospital at Epsom, replacing Lieut.-Col. Irving, now on leave in Canada.

CAPT. R. J. W. BROOKES, of the Army Medical Corps, has been transferred from Camp Borden to the Base Hospital on Gerrard Street East. He will perform the duties of Registrar at the east end military institution.

CAPT. WILLIAM MACBETH, C.A.M.C., who has been officer commanding at the Camp Hospital, Camp Borden, for two months, was, a few weeks ago, requisitioned by the Director of Medical Services for duty with the British Recruiting Mission in the United States, and left for New York the middle of August. The Hospital command was taken over by Major J. S. Boyd, O.C., Army Medical Corps Training Depot, who will command both the Depot and the Hospital.

Selected Articles

OBSERVATIONS OF A SENIOR SURGEON COMMANDING THE SURGICAL DIVISION OF A BRITISH BASE HOSPITAL IN FRANCE

BY KELLOGG SPEED, M.D., F.A.C.S., LIEUTENANT-COLONEL R.A.M.C.
(HON.), CHICAGO.

FROM France last July I had the pleasure of contributing to the *Journal of the American Medical Association* a letter which considered briefly the excellence of organization of the Royal Army Medical Corps of the British Expeditionary Forces in France, and also in a minor way ballistics and war wounds. The present paper is purely surgical and very general in its scope.

GENERAL REMARKS.

The training and health of soldiers who exercise freely, marching fifteen miles a day carrying an extra weight of fifty-six pounds, who live an outdoor life, have no alcoholic drinks and who are fed on an abundance of good, plain food, have considerable bearing on their general ability to resist shock and infected wounds.

Fighting conditions are very unfavorable. Trench warfare is waged in ditches nine feet deep. The soldiers operate in mud and dirt. There is lack of exercise and frequently bowel stasis. The difficulty of transportation of wounded through communicating trenches, the compulsory exposure to the elements while lying out waiting to be picked up, and the complications caused by secondary wounds received while lying, in transportation, or even in dressing stations from enemy fire are also important factors. We received men who had lain as long as six days in the open with no attention, no food nor drink, and frequently with large areas of painful sunburn from exposure.

Care and supplies are excellent. Rubber gloves, surgical dressings, medicines, and splints are liberally furnished. Iodine is falling off in use as a part of first-aid dressing, cyanide gauze is being largely substituted for it. Casualty clearing stations, the collecting points of several field ambulances, are also being discontinued, as the great benefit of immediate transportation to the near base hospitals is appreciated. There is not time for any reference to the distribution of wounded to special hospitals in England after their removal from the base.

Pathological and bacteriological study is encouraged. There is also co-operation between base-hospital units, with discussions of general principles in open meetings and through the medium of surgeon-general consultants. There should be granted greater freedom to medical officers to report special series of cases and results of particular treatments. Opium, especially morphine, is used freely for wounded men at the front. It is generally given by mouth, and doses of one-half grain are common after injury or before transportation.

CASE GROUPS.

At base hospitals it seems wise to separate the wounded into different wards, according to the types of injury. I used a system of distribution which gave a head ward, chest ward, buttock ward, fracture of femur ward, etc., and found that it helped both medical officers and nursing sisters and was a great convenience for the officer commanding, and especially time-saving for consultants.

1. *Punctured and lacerated wounds* form the majority of all admissions. They exist with or without bone involvement and foreign bodies. Routine treatment consists in early incision of ragged edges and removal of the foreign body, the wadding, if cloth, being as important as the metal. Gas anesthesia often suffices. The X-ray must be used in co-operation. Experience lends the surgeon an ability to follow fresh wound tracts and keen observation of extra tender spots may betray where foreign bodies lie. One must not make the mistake of opening limbs filled with blood unless the infection has become alarming, and then preparation for large vessel ligation must be at hand. The

X-ray is of great value in making an early diagnosis of gas infection.

Practically all wounds trimmed and searched for foreign bodies demand drainage. Large fenestrated or split tubes are the best means of effecting this and are combined with installations of eusol (Dakin's solution). This solution can be injected into the tubes every two hours by the nurse with a small hand syringe, or can be used by the drop method from reservoirs. If dressings are put on wounds, irrigation keeps them constantly moist and mechanically flushes the wound. Deep infection disappears and healthy granulations appear more quickly with this solution used in this manner than with any other irrigation I have ever seen used. Limbs so treated are slung in splints and kept at rest. Vaseline is not necessary on the skin surface if this solution is made up fresh daily as follows:

Eusol. 0.5 per cent. aqueous solution of hypochlorous acid. Shake up 12.5 grams of boric acid powder and 12.5 grams chloride of lime (bleaching powder) with 1 litre of water; allow to stand a few hours, then filter. The chloride of lime must be dry. The solution *will* remain efficient about three weeks. Stronger solutions do not keep. It should be stored in colored bottles, and because it is destructive to cloth and corrodes metals, all instruments should be washed after contact with it. Eupad, a powder composed of equal weights of boric acid and dry chloride of lime ground together, will keep in stoppered bottles.

The use of eusol intravenously in 25 to 50 cubic centimeter doses has been advocated in extensive sepsis. Although I have tried this without untoward effect, I doubt its value.

Hypertonic salt solution 5 to 10 per cent. is also used as a wet dressing or irrigation on suppurating surfaces. When the solution is not at hand, large wounds may be lightly packed with 10 to 20 salt tablets, which dissolve in the serum and form a hypertonic solution on the surface. This treatment has a distinct value.

2. *Head injuries.* The use of the steel helmet is an important factor in lessening the severity of head wounds. The important aspects of these wounds may be roughly divided into the fractures, infections, deeply lying foreign bodies, and the sequelae.

Colonel Warren, in a report made to Sir Alfred Keogh, D.G., in July, studied the fate of 1,239 head injuries between 2 and 18 months after infliction of the wound. Seven hundred of these patients were observed in France and full clinical histories made. Mere scalp wounds were excluded unless they led to death or serious complications. All were *severe* cases. The mortality was less than 4 per cent., none dying after three months from the date of wound. The majority died of meningitis. This was my own observation also, as I hope to show in a series of cases to be reported later. Ventricular infection is always fatal. Colonel Warren found no fatal case in which death occurred in England when the dura mater was not lacerated by wound or by operation.

Probably much of the early sensory and motor disturbances are caused by edema and circulatory disturbances in the brain. Recovery without interference is possible even in face of complete hemiplegia and deeply lying foreign bodies. Infection is the condition most to be feared.

a. *Permanent mental disturbances* are very rare. I saw two. This does not include shell shock. Major Mott, pathologist, London County Council Asylums, says: "Head injury, apart from syphilis, alcohol, and hereditary neuropathic taint, was seldom the cause of mental affection."

b. *Epilepsy* is less common than believed. I saw several cases resulting from injury. Colonel Warren found 6 per cent. Every head case should be given bromides early to avoid formation of the epileptic habit.

c. *Other neurological complications* are either objective, as paralysis, sensory and visual disturbances, or results of cerebral hernia and septic infection. There are also frequent subjective symptoms—the most common are headaches, fatigue on exertion, throbbing, attacks of dizziness, and some changes in temperament—or hysterical manifestations. Many of these are like traumatic neurasthenia, and while they incapacitate from active service, they are recoverable and are independent of fracture and whether the patient has been operated on or not.

d. *Cerebral hernia* is fairly common. It is difficult to treat and gives a mortality of 20 to 40 per cent. Colonel Warren

found 24 per cent. mortality in cases evacuated to England with cerebral hernia. Of course many die at base hospitals.

e. *Retained missiles in brain.* Soldiers very frequently recover with much betterment of condition and frequently with no trace of damage. English surgeons, as a rule, are opposed to head operations.

My experience leads me to conclude that in superficial foreign bodies with open wounds one should do a quick removal as in other parts of the body, but do no damage. Make every effort to avoid hernia cerebri.

Emphasis must be laid on spinal puncture for its therapeutic and diagnostic value.

Late results in head cases are unexpectedly good. Cerebral abscess, insanity, and epilepsy are rare.

3. *Spine injuries.* The symptoms are more definite and less liable to ameliorate than in head injuries. If the evidence shows severance of the cord or a septic tract to the cord, the dura should not be opened. Foreign body or bone pressure on the cord is amenable to operation. Operative opening of the dura invites infection and the meningitis is more or less atypical in symptoms. At post-mortem there is a diffuse plastic suppurative meningitis over a large portion of the cord, death generally occurring when the bulb becomes involved. Cases not operated upon frequently live a long time or even overcome infection so that they can be carried home in spite of paraplegias and other hopeless paralyses.

4. *Neck injuries* are frequent, and in spite of anatomical condensation of that part of the body, many are unimportant. Serious ones die on the field. At the bases are found aneurisms, both false and arteriovenous. Nerve injuries, thyroid injuries with intracapsular hemorrhages, presenting symptoms much resembling hyperthyroidism are met. I had four case of injury of the cervical sympathetic and five cases of gunshot of the thyroid. Tracheal injuries heal quickly as a rule. Complete lesions of the brachial plexus are rare and one should be slow in making such a diagnosis on account of recoveries which will follow what is apparently a complete severance.

5. *Chest injuries* are common. All types of chest pathology ensue. Old pleural adhesions which prevent lung collapse when

the pleural cavity is opened may be the cause of fatal hemorrhage upon lung perforation. Pneumothorax is frequent. Great displacements of the heart right themselves in a surprisingly short time if relief is given by aspiration or drainage. Empyema follows frequently. It often develops after the third week and becomes urgent. All collections of fluid in the thoracic cavity should not be drained until aspiration with a vacuum apparatus and bacteriologic examination have been made. Fluids sterile a few days after injury, will frequently go on to empyema in the fourth week. Suppurative pericarditis is easily overlooked. Drainage of empyemata once established should be thorough and at the lowest point. It is often done under local anesthesia. The mortality of chest injuries reaching the base does not exceed 5 to 6 per cent. Convalescence should be in special wards or outdoor hospitals.

6. *Abdominal injuries* are, for the most part, operated on in field ambulances. Extensive resections of gut are unwise because death follows after a delay from sepsis or the combination with adhesions and obstruction. Some cases reach the base undiagnosed and are clamant indications for immediate operation, if only on suspicion. A sharp eye must be kept for *extraperitoneal* injuries. Their manipulation and drainage must be made without endangering the abdominal cavity. I had a series of six interesting gunshots of the psoas muscles, without abdominal involvement and was able to drain extraperitoneally and save three of them, although they presented fresh *psoas abscess*, a rare condition. Not one of these cases pointed in the femoral region where we expect all old psoas abscesses to show themselves. All had flexed thighs on the affected side, extension of which was painful.

Bladder injuries give poor diagnosis.

Injuries of the external genitals heal nicely, but demand long care and plastics. Buttock injuries are obviously difficult to care for. I found that support on the Bradford frame with air dressings gave the best results.

7. *Extremities*. All types of injuries, from simple through-and-through punctured wounds to massive open fractures are found. They are treated on the general principles of wounds, except that through-and-through punctures from rifle and ma-

chine-gun bullets are usually left alone and frequently heal with no reaction. One must be on guard against blood-vessel injury, gas infections, and mere contusion of nerve-trunks which cause only temporary paralysis. In gunshots of the leg nail extension is a sure method of obtaining continuous traction.

8. *Nerve injuries* are relatively not common. Paralyzing contusions which at first seem complete severance of main trunks will often show complete recovery in three to four weeks. One should be slow in making diagnosis and never operate in the presence of infection.

9. *Blood-vessel injuries.* Are interesting and are often overlooked unless there is immediate alarming hemorrhage or a quickly forming aneurism. Vein injuries lead to great distention of a limb which in a few days stimulates either extensive pyogenic or gas infection. If these limbs are operated on early, vessels generally have to be tied at a distance both proximally and distally. Thrombosis and emboli occur when the infection is late in manifesting itself with resulting ligation of main trunks or amputations. As a rule they are best treated expectantly. Examples of pure arteriovenous aneurisms, especially of the femoral or brachial, come into the base hospitals. Arteriovenous aneurism with false sacs adjoining and ordinary false aneurism are also seen. It was my good fortune to deal with many of these. Dr. Hugh Cabot, with the Harvard Unit, told me that he had seen none on his service.

Secondary hemorrhages are numerous. I have complete records of more than thirty cases, many of which ended fatally. The cases threatening hemorrhage are best cared for in a separate ward with constant watch and air dressings. The femoral, cranial, axillary, and gluteal vessels give the worst prognosis. The types of infections in war wounds lead frequently to vessel softening and thrombosis, and ligatures should be applied at considerable distance from the wound.

10. *Tetanus.* Occurs in spite of prophylactic injections of antitoxin. I had six such cases, all treated by massive and repeated doses of antitoxin, intraspinally, subcutaneously, and intravenously. Treatment should be started as soon as first symptoms are noticed. Especially interesting are the cases of *local tetanus*. Of these I saved every case which came into the

service by the above-mentioned treatment, sometimes added to by injection of 2,000 units of antitoxin in the main nerve-trunks of the limb.

11. *Gas gangrene*. May be divided into two types—local and general; that is (a) involving one muscle or one group of muscles in an extremity, or (b) massive and general, extending quickly up a whole limb. We found that there were four different groups of organisms to be isolated: Welch's bacillus, bacillus capsulatus erogenes, a coccus, and an organism closely related to the colon group. With the local infections the prognosis is good after early operation. The skiagram often shows beginning gas formation about foreign bodies and indicates immediate thorough drainage. Amputation is used for the general extremity gas infections, and if the extension has been very rapid, even this will not save a general septicemia and death. In Welch's bacillus infections the muscle tissue becomes a pinkish salmon-like color with the same colored discharge. Other organisms give a soft degenerated muscle which is like soft clay, brownish in color, resembling feces in odor and consistency. At operation all such degenerated tissue should be scooped out by the surgeon—the whole length of a limb opened, if necessary, to make the removal.

12. *Gas poisoning* is also of two classes. Chlorine is the chief constituent of the drift gas. Asphyxiating and lacrimating shells contain other gases, the lacrimating type causing a profuse outpouring of tears and pupil dilatation so that artillerymen and gunners lose efficient eyesight. The pathology divides itself into that found in the cases gassed to death from general toxic effects, those which develop lung edema and broncho-pneumonia, and a third class which develops secondary septic bronchitis, pleurisy and pneumonia. The gas helmets and use of atropine and oxygen have become routine treatment.

13. *Amputations*. Like any civil surgeon, I entered war surgery with the most conservative ideas regarding amputations. I now believe more early amputations should be performed. One must consider all the usual rules of civil practice regarding sites, subsequent joint movements for artificial limbs, etc., while the method of amputation is dictated by the severity of infection expected or already present. "Guillotine" amputations, cir-

cular with no flaps, give excellent drainage and can often be made to suffice without further limb shortening by use of the stump splints and secondary bone amputation where granulations are clean. Some of the worst cases of gas infection I saw followed amputations with sutured flaps.

Amputation with spinal anesthesia is very satisfactory and often possible when a general anesthetic dare not be given.

The military surgeon constantly meets his old civil friend even in the rush of battle-wounded men. Appendicitis; hernia; cholecystitis; urinary retention; mastoiditis; bone tumors and cysts; and stomach ulcer, bleeding or perforated; appear with the mass of other material, and diagnosis must be as keen and prompt as under other conditions. We found it possible to do the cleaner and aseptic surgery on cases demanding it, although we also dealt with so much sepsis. Ether still remains, to my mind, the anesthetic of choice for serious operations.

I take advantage of this opportunity to thank the members of the Chicago Medical Unit, British Expeditionary Force, for their co-operation and to express regret that the Unit ceased to exist because we were unable to obtain reinforcements.—
Surgery, Gynecology and Obstetrics.

MEDICAL MEN AND TOBACCO

Most doctors are smokers. One would naturally expect it, for there exists amongst the members of the profession a greater comradeship than in any other calling. Whether we judge of the use of tobacco as a cause or an effect of camaraderie, there can be no doubt that it is a great sweetener of the relations between one man and another. The best friends are the men who smoke together.

The ordinary man, unversed in medical lore, is disposed to do as he feels inclined, in the matter of smoking. On the principle that example is a better guide than precept, our inclinations are to follow the doctor's lead as we see it, without troubling to find out whether what we smoke is just what the doctor would order.

"Well, this isn't a professional visit; have a cigarette!" was the remark made by a doctor to a friend who had called to see him, and this attitude is typical of that of some physicians. There are many others, however, who go further than this unofficial endorsement of smoking. They have become convinced of its beneficial effects by close observation as well as by actual experience, and they do not hesitate to declare themselves in its favour.

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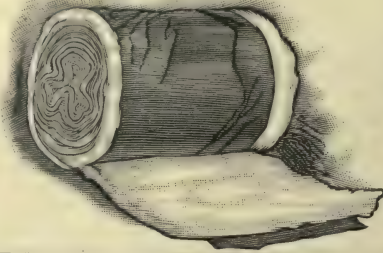
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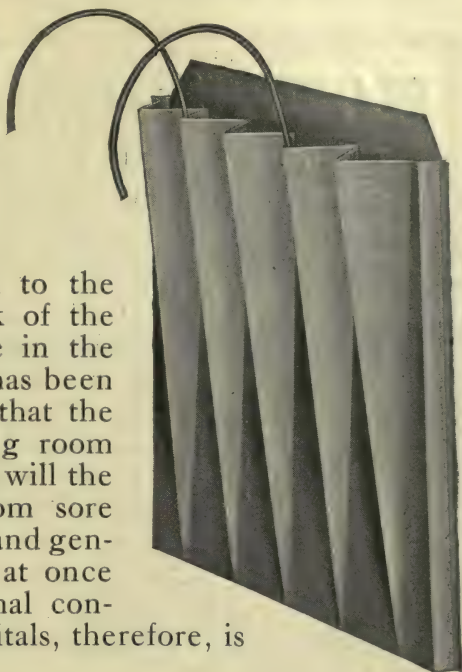


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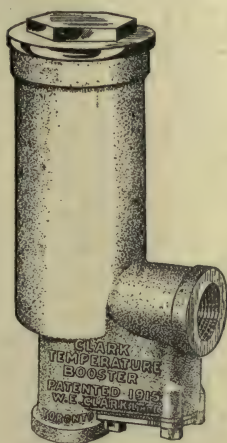


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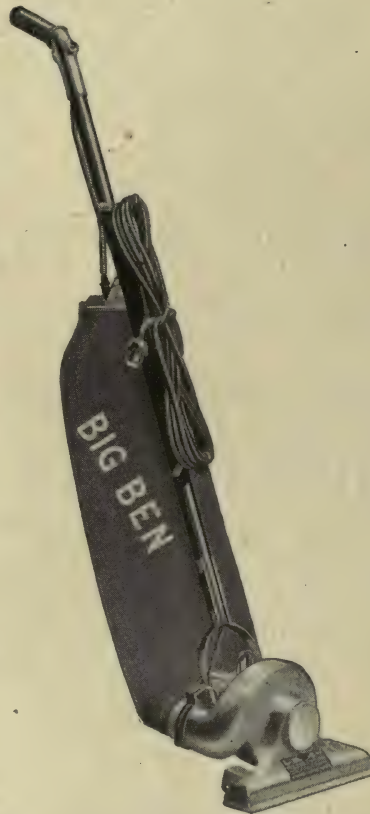
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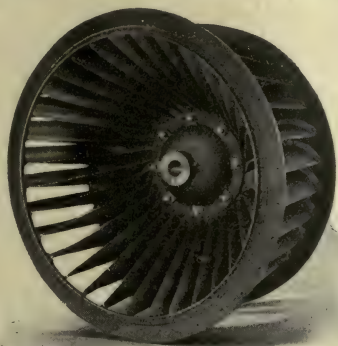
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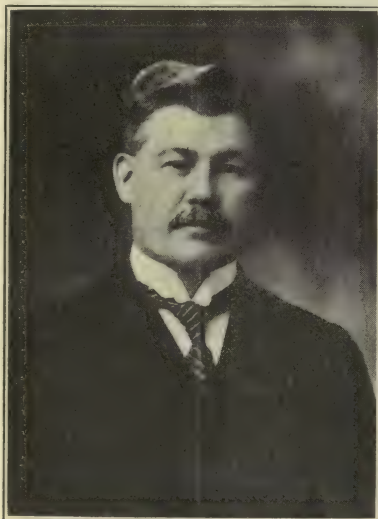
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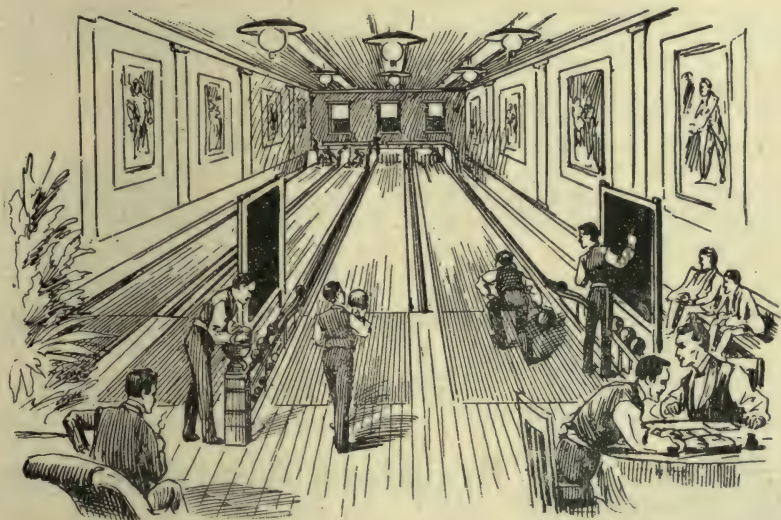
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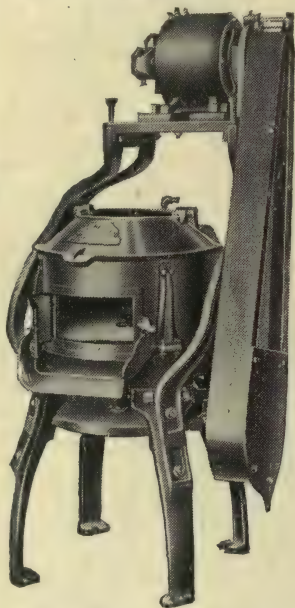
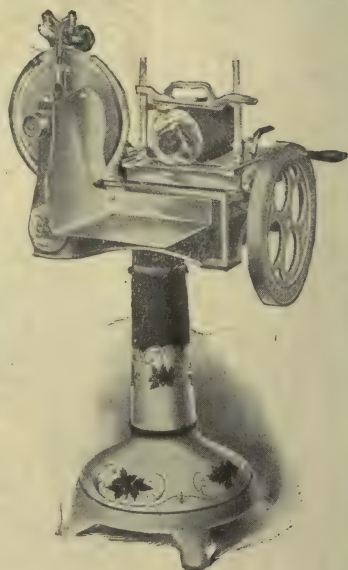
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Vol. XII (XXIII) Toronto, November, 1917

No. 5

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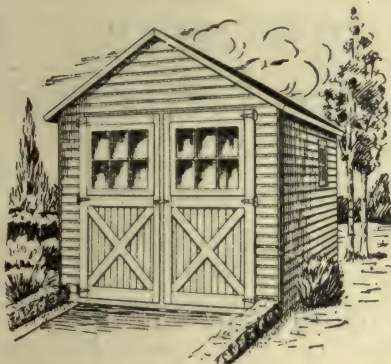
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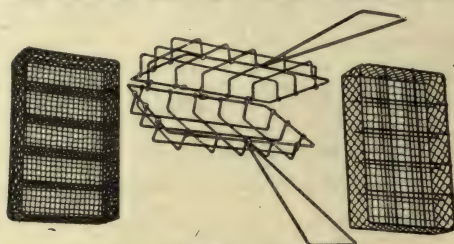
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Toronto, Canada

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Vol. XII.

TORONTO, NOVEMBER, 1917

No. 5

Editorials

HOSPITALS AND HARD TIMES

ECONOMY does not mean parsimony; and what, at first glance, may seem extravagance, may be economy.

The economic pendulum is liable to swing either way too far.

A lack of necessary food or equipment in a hospital is a false economy, if the patient suffers, *i.e.*, if his recovery is delayed or made impossible by such lack.

For many years the people of this continent have borne the reputation of being very extravagant, and we believe deservedly so.

But with the advent of the present world-wide war and more particularly since the date the Americans participated in it, there has been a tendency among hospitals, and allied institutions, not only to prevent waste, but also to restrict expenditure. While this is all very laudable, there is a tendency to over-economize along this line.

The best modern antiseptics and best medicaments in general, in the long run, are the cheapest. X-ray apparati are a *sine qua non* in every hospital of any consequence. Sterilizers—high-pressure—are, in our opinion, an absolute necessity if perfect surgical work is to be done. And so on in regard to articles of hospital equipment. Hospitals must not stop buying.

And every institution must do its share in creating an optimistic spirit—not only in respect to the good day coming, but also for the good day *now*. *Carpe diem*. Faith, confidence, enterprise, cheerfulness, and boldness will win the day. Nothing succeeds like success.

The hospital is no place for downheartedness, passivity, fear, distrust, lack of initiative. So if, after due consideration, a determination is arrived at to give an efficient service, no matter what the cost, the wherewithal will be provided.

So, in spite of the presence of the shadow of war, let us buy the necessary best for the proper carrying on of our great work of assisting in the restoration of the sick and wounded to high health. And by so doing we shall be practising the best economy. Let us remember the proverb with reference to the blessedness of the man who scattereth compared with him who withholdeth. The liberal soul shall be made fat.

Canadian Hospitals

A MONTREALER ON HIS VISIT TO THE MOUNTAIN SANATORIUM

"WE are proud of our Mount Royal," a Montrealer writes, after a visit to Hamilton, "but yours has one royal distinction that ours has not achieved—a crown.

"We send our own people up to the mountain when they are dead, and bury them in the crater of a burnt-out volcano. You send your people up the mountain to find new life, and to come back and enjoy it. Climb our mountain, and you find a cemetery. Climb yours, and you find a sanatorium. That is your mountain's crown of glory.

"What I noticed up there first, after the charming scenery and magnificent air, was the spirit of cheerfulness and hope among the patients.

"Of course, it is well known that tuberculosis often has a deceiving effect on its victims, making them feel better than they really are. And that is a great danger.

"Take the soldiers, particularly. They naturally want to get back to their families, and to work, as soon as possible. So they are tempted to quit the sanatorium before they ought, and to undertake more strenuous work than is safe for them. Even when a man is cured—that is, when the germs of the disease have been conquered and apparently paralyzed—the lungs are not so powerful as before they were attacked. If the body is overtaxed, the germs may awake from their torpor and make another attack.

FORTIFYING AGAINST A COUNTER-ATTACK.

"The Military Hospitals Commission evidently realizes this, and does all it possibly can to see that every one of the tuberculous soldiers under its care takes the full treatment required by his particular case, and also to fortify him by knowledge against the very grave, though unseen, dangers that will surround him on his return to civil life.

"Just as the soldiers after enlistment not only have their bodies trained by exercise for the hardships of a campaign, but also have their minds instructed in the arts of modern war—so these men attacked by the 'white plague' not only have their bodies freed from its fatal grip, but their minds instructed and fore-armed, with all the knowledge requisite to prevent another attack, as well as to avoid the possible infection of others by their unconscious acts.

"And the cheerfulness evident in your Mountain Sanatorium is based on solid grounds of hope, not on any delusion.

MUST COMBINE REST AND WORK.

"One of the most hopeful signs I notice is that the men have got something to do. Rest is essential, but it must be rest of mind as well as body. In fact, except in cases of extreme weakness, lying still in bed for long periods without any occupation creates unrest of mind, and largely destroys the good effect of rest of body.

"We smile at the idea of embroidery as an occupation for men—as we smiled at the idea of plowing as an occupation for women. But the war has cleared our mental vision and upset many of our old ideas. I have just seen a moving picture of English women engaged in a plowing competition—with walking plows, too. Women who have exchanged the needle for the plow are all the better for it; and these men in your Mountain Sanatorium, forced to give up the plow and other weighty implements, are all the better for taking to the needle.

GIVE CIVILIANS THE SAME CHANCE.

"More than 800 men of the Canadian Expeditionary Force, in a total of 7,000 invalids now being cared for by the Military Hospitals Commission, are being treated for tuberculosis. This doubtless got a first lodgment in them during childhood. It has been stimulated to activity by the unaccustomed conditions of military life; but it would very likely have become active in any case, sooner or later, in civilian life. In such a case, it would have had less chance of prompt discovery, and certainly much less chance of thorough and successful treatment.

"With this effective organization of treatment for military consumptives before our eyes, it will be absolutely inexcusable

if the country fails to organize an equally efficient campaign against the 'white plague' among our people as a whole.

" 'The gain in health and wealth to the country would be simply enormous,' as Lord Shaughnessy was quoted as saying a few weeks ago. 'As many Canadians have been killed at home by tuberculosis since the war began as have been killed by the war itself. Yet it is an entirely preventable disease. If we stop its ravages we shall more than make up for the ravages of the war.'

"We must never forget that these soldier patients at the Mountain Sanatorium, and in the eighteen other sanatoria used by the Military Hospitals Commission, will themselves be civilians again in a few weeks or months. Instead of being a source of infection and danger, as they would have been without the treatment they are now receiving, their return to civil life will be an actual gain to the community; for, by preaching what they have practised, they can do much to rouse us from our lethargy and start a vigorous offensive against this ravaging foe."

SANATORIA FOR RETURNED SOLDIERS

A CONFERENCE of medical officers in charge of sanatoria in which returned soldiers are undergoing treatment took place at Ottawa a few weeks ago. The meeting was presided over by Dr. F. J. Shepherd, of Montreal, and among those present were Sir James Loughheed, President of the Military Hospitals Commission, and Lieutenant-Colonel Thompson, M.P., chief medical officer of the Commission.

The conference was of particular interest in that a number of points came up for consideration concerning the methods of administration and treatment in vogue in the different institutions. A series of questions upon these subjects had previously been submitted to the officers in charge of the various sanatoria by Lieutenant-Colonel Thompson and these, with the replies, formed the basis of discussion. It was adopted some time ago as the policy of the Hospitals Commission that treatment should be given in the sanatoria under its direction to all tuberculous

soldiers, whether they had been overseas or not, and a large percentage of the cases treated have not been across the water. It was stated that about 1,200 patients had already passed through the institutions and that about 800 were at the time undergoing treatment.

An advisory committee was appointed to assist the Military Hospitals Commission in its work in connection with tuberculous soldiers. The members of this committee are Captain J. D. Byers, of Ste. Agathe; Dr. C. D. Parfitt, of Calydor Sanitarium, Gravenhurst, and Dr. J. H. Elliott, of Toronto.

A good deal of attention was given to a discussion of some of the difficulties encountered in enforcing discipline. It was decided that in cases where a soldier had refused treatment and had signed a form releasing the Government of responsibility towards him, but later had returned and requested treatment, he should be allowed to reattest and should receive the usual pay and allowances. It was considered inadvisable to send men who had refused treatment and been granted total disability pensions to civilian sanatoria at the expense of the Commission—a practice that had been followed in one or two cases—since the total disability pension amounted to more than the pay, and were this known to the men many of them would probably take advantage of it. It has been found that, as a rule, difficulties arise when officers and men are treated together, and it was recommended, therefore, that a special sanatorium for officers should be provided. It was also recommended that a central institution should be established for chronic cases of tuberculosis, as they filled up the sanatoria and occupied space that should be available for curable patients. In the case of incorrigibles, it was thought that the best way to deal with them was to send them to a detention sanatorium where discipline could be enforced more strictly.

Some discussion arose as to the number of patients that could be treated by one medical officer. It was agreed that no doctor should be expected to attend to more than fifty patients, and that every additional forty patients, or less, necessitated the services of another medical officer. This suggestion was made, however, on the assumption that the physician would be responsible for the medical treatment only and that efficient persons would be appointed to look after other departments.

It has been customary for the medical boards at Quebec to recommend tuberculous soldiers for six months' sanatorium treatment. This has led the men to expect to be cured at the end of the time stated, and in many cases it has been difficult to control them and to make them understand that they are not sufficiently cured to return to their homes. It would be better, therefore, if no definite time were mentioned. Another point which led to discussion was whether or not a tuberculous soldier should be permitted to go home for a short furlough before entering a sanatorium. The general opinion was that he should be allowed to visit his people as, in the majority of cases, treatment had already been given in England and the disease was probably quiescent and the danger of spreading infection not great. Moreover, if the permission was not given, the man became restive and discontented, and would probably refuse to go to the sanatorium at all. As to the question of holiday leave, it was deemed advisable to grant leave, but not at festive seasons. At such times the patients were tempted to eat and drink too much, and at one institution where leave had been granted at Christmas time every one of the patients suffered a relapse. If the reasons for not granting leave at holiday time were carefully explained to the men, Captain Byers thought there would be no difficulty. Last year he allowed his patients to go home between December 5th and 20th instead of at Christmas. A resolution was moved by Captain Byers, and adopted unanimously by the conference, that it be made a penal offence for any one to supply a tuberculous soldier with intoxicating drink.

The value of occupation was emphasized particularly. Captain Byers said that since vocational training had been instituted at Ste. Agathe, the men had been happier and more amenable to discipline and had made more rapid improvement. They ceased to brood over their troubles when they had something to do, and even those who could not sit up were able to do fancy work. They got up little exhibitions of their work when friends came to see them, and became so interested that they forgot everything else.

Other recommendations made at the Conference were, that X-ray equipment be installed in sanatoria whenever possible, that the number of beds in one institution be limited to 150 or 200, and that a specialist in diseases of the lungs be appointed to all medical boards.

SOCIAL SERVICE AT THE TORONTO GENERAL HOSPITAL

A NEW conception of service to mankind is nowhere more strikingly evidenced than in a hospital. Here medical science not only cures human ills but, with its new arm of social service, seeks to solve community problems by making an intensive study of those evils that are the underlying causes of disease and untimely death.

What are the community problems that are brought to a hospital to be solved? Those of the insane, the feeble-minded, those suffering from venereal diseases, occupational diseases, industrial accidents, the unmarried mothers and other social cankers. How many of all these ills might be prevented if we had an enlightened public and a social conscience? Eventually state medicine will take up these problems energetically, but in the meantime the hospital, in its private capacity, is doing its best to awaken public interest and create a broader knowledge.

In three years at the Psychiatric Clinic over 2,498 people have been examined, 491 of whom were insane and 1,835 feeble-minded. Only 255 of these have been placed in institutions. Many of the remainder figure continually in Juvenile Court, Police Court, the Jail Farm, the Mercer, the Haven, the rescue homes, the hospitals and sanatoria, to the detriment of these institutions and to their own hurt. A farm colony suited to their needs could soon be self-supporting, and we would be doing them the greatest service by guarding these individuals from the results of their anti-social acts.

In two and a half years there have been 351 babies illegitimately born in the Burnside Hospital. What is there in store for these children? What duty does the city owe to these moral and mentally defective mothers? What about the moral fibre of the unknown fathers, with their evaded responsibilities? When will we have laws that will protect the weaker ones among us?

Finally, there is the problem of venereal disease. In the Out-patient Department since December, 1916, there have been treated in the special treatment clinic for syphilis 593 patients

suffering from this disease alone, and the dangers from gonorrhea are as great, if not greater.

These specified problems form a vicious circle. The insane, the feeble-minded and the moral imbecile create venereal disease and illegitimacy, and they in turn produce feeble-mindedness and insanity. With this knowledge given to the public by the hospital, through its social service department, all social agencies will be capable of more intelligent action. The clergy must have a better understanding of their people, the teachers of their pupils in the school, the lawyers and the judges of their clients, the merchants and manufacturers of their employees, the social workers and the settlement workers of the unfit in their midst. When all these appreciate more fully the underlying causes of poverty and crime, as does the hospital social worker, then the propaganda for social betterment will not lack support.

Our conception of social service is not merely that of curing diseases or giving relief in poverty, but rather educating the normal to a higher sense of responsibility to himself and his neighbor, and protecting the abnormal against himself and the unmoral and immoral forces that surround him. In Canada, with its boundless opportunities, its open spaces, there should be little sickness, and people should be taught that all preventable disease is little less than a crime against society.

The Social Service Department of the Toronto General Hospital, with its knowledge and statistics, stands with helping hands outstretched in the propaganda for the social betterment of humanity.

CORNER-STONE LAID OF WOMEN'S COLLEGE HOSPITAL, TORONTO

WITH the foundation of the new wing as a platform for the speakers, and a green lawn for the accommodation of the audience, a ceremony of considerable significance took place at the Women's College Hospital, 125 Rusholme Road, Toronto, on September 19th, when Lady Eaton laid the corner-stone of a new wing which is looked upon as merely a nucleus for much larger developments.

Mrs. A. O. Rutherford, President of the Hospital Board, presided. She read very kind and encouraging letters from Lady Hendrie and Mayor Church, and also gave a short outline of the history of the hospital and dispensary since the vision of its possibilities first came to a woman medical student, now Dr. E. L. Skinner Gordon. Only two years ago in July the present hospital was opened. In two months it was full to the doors, and now it is full all the time and the superintendent has given up trying to count those who have to be turned away.

The campaign fund for extending the hospital, inaugurated in May, 1916, is still open, Mrs. Rutherford said, and the total amount promised and given is \$45,396.35. Of this, \$13,951.00 has been paid out on the mortgage, for alterations to the present hospital, furnishings, etc. The cost of the wing now under construction is estimated at \$20,000.00.

Dr. Minerva Reid told of the hospital's vision of a building to cost \$200,000, a building which should be a monument to the untiring and unselfish efforts of the Chief of Pediatrics, Dr. Skinner Gordon.

Dr. Helen MacMurchy also spoke very encouragingly of the future of this work of women for women.

Mrs. A. M. Huestis then deposited in the corner-stone a box containing a short history of the work of the hospital and dispensary from 1896 to 1917, the current issues of Toronto's six daily papers, a Confederation stamp, coins of 1917, etc.

Dr. Skinner Gordon presented Lady Eaton with a silver trowel, the gift of Ryrie Brothers, referring as she did so to the loss many present felt in the death of Mr. Harry Ryrie.

"What strikes me so forcibly about this work," said Lady Eaton, "is that it has been a work of faith. We are told that he who has faith as a grain of mustard seed can remove mountains, and Dr. Skinner Gordon has much more faith than that. We are told, too, that faith without works is dead, and Dr. Gordon is certainly a worker, too."

Lady Eaton also read a letter from Miss McCormick's trustees, enclosing a gift of \$1,000, and she announced another promise of \$5,000.

Then, with the presentation trowel, she spread the mortar, with a mallet hammered the stone down, and declared: "In the

faith of Jesus Christ I lay this corner-stone, and I pronounce it well and truly laid."

Archdeacon Cody completed the ceremony by reading the prayer for the occasion.

QUEBEC RECEIVES HER FIRST HOSPITAL SHIP

THE great Discharge Depot of the Military Hospitals Commission at Quebec, where accommodation has been arranged for 2,000 disabled men and soldiers sit down in groups of 600 to eat, received its first hospital transport direct from England recently.

For several months it has been caring for men who came from Halifax by train to be discharged and distributed to the various convalescent homes and hospitals of the Commission across the country, but this was the first ship which landed at her own wharf.

The whole organization works like a clock under the management of Col. Guy Mariott, the officer commanding, and is undoubtedly unsurpassed for efficiency by any institution in the country. Every possible provision is made for the soldier's care and comfort and the praise of the men sent on their way across the country from this centre has met Capt. T. W. Jones, the Y.M.C.A. officer, at every turn in his tour through the West in connection with the M.H.C. moving pictures which are now being taken.

All the men landed here are medically boarded and each man's vocational history recorded. The men from the West are attended to first, so that they may get on their way, but all are cleared in ten days. These are full of interest and entertainment for the men, and even though they are eager to get home to their families, there is no dissatisfaction expressed at being held.

There are sports, concerts, drives and picnics every day. The English-speaking people of the city of Quebec cannot give them enough of their hospitality. There have been as many as 22 concerts given in one week, and always there are 14, one up town and one at the depot every night.

A military canteen, run by a canteen committee, extends credit to the men to the amount of \$4, and arranges for credit to be given for stamps, tailoring and even car tickets, the amount to be taken from their pay at the close of their stay.

The street railway company provides two special cars every night to take the men uptown, and private motor tours as well as those arranged by the Quebec Auto Club, give every man a chance to see the quaint old city.

The tuberculous cases have a ward of their own, a roof garden, and a special recreation hall where a pathoscope movie provides entertainment for them. A large movie machine is installed in the big recreation hall of the building, and plays a big part in the entertainment of the men.

One night during their stay is called "Depot Night" and moving pictures are shown to the assembled men of the work of the Military Hospitals Commission for them. They see just where they are going to be treated and how they will fare, what arrangements are being made to help them back into civil life again, and what their chances are.

It is a night of intense interest to every man, and hundreds of questions are asked and answered following the film. Seventy-five per cent. of these are questions about the outlook in the district from which a man comes. There is little evidence of a desire to settle in a new place.

When they leave, the bed cases in the hospital coach attached to the train, they are all given cards of introduction to the secretary of the Soldiers' Aid Commission or the Military Hospitals Commission, and tickets of membership for six months in the Y.M.C.A.

NEW MILITARY HOSPITAL AT VANCOUVER, B.C.

THE Military Hospital Annex to the Vancouver General Hospital, which has just been opened, and declared by Lieut.-Gov. F. S. Barnard, of British Columbia, to be the most perfectly equipped on Vancouver Island, is the first military hospital to be specially erected in the province for the express purpose of caring for returned soldiers.

It comes as a gift from the people of Vancouver, who subscribed \$60,000 for its building as evidence of their patriotism and enduring interest in the man who comes back. This includes a sum exceeding \$25,000 which the women of Vancouver raised for its furnishing, and \$36,000 which the business men's committee raised.

"I have been right down the line," declared Major General Leckie, senior returned soldier of the district, who followed the Lieutenant-Governor on the programme of the opening ceremonies, "through the whole system from the field dressing station to the convalescent home in England, and I know how necessary and acceptable such a hospital as this is."

Accommodations are provided for 320 men in the new hospital, but at present there are only 63 patients, all of whom are doing well and will ultimately return to full health in the bright wards which have been equipped with every necessity to make the men's lives happy during the period of their convalescence.

The entire annex was furnished as well as built by popular subscription with the exception of the beds and bedding which were supplied by the Military Hospitals Commission, and being presented without expense to the Government for the treatment of disabled soldiers, it represents one of the finest patriotic works in Canada.

KEEP T.B. SUSPECTS FROM DRAFTED ARMY

A SPECIAL conference of the medical officers of the Military Hospitals Commission, in charge of tuberculous soldiers in the west, brought many prominent western men into consultation at the M.H.C. headquarters in Ottawa, Sept. 27th, and important questions relative to the care of the tuberculosis cases were discussed.

Prominent among these men were: Capt. Olson, Balfour Sanatorium, British Columbia; Capt. J. B. Ritchie, Frank Sanatorium, Alberta; Dr. L. G. Houle, Earl Grey Sanatorium, Moose Jaw; Dr. D. A. Stewart, Ninette Sanatorium, Manitoba; Dr. C. H. Vrooman, Tranquille Sanatorium, Kamloops; Major John L. Todd, of the Pensions Board.

A resolution was passed urging the most careful examination of recruits for the drafted army, that no men with tendencies toward tuberculosis should be taken to become a burden to the country. It was pointed out that the care of tuberculous men was a great expense to the nation, and that the cost of an examination for T.B. which would eliminate all this expense, would be infinitesimal in comparison.

It was decided to allow the men in the military sanatoria to have a vacation in which to return to their homes either before or after the holiday season, and to keep them at the sanatorium during Christmas week. While this may seem a hardship to the men who would naturally like to be with their families on Christmas, it is regarded as wisest by the physicians. Parties and entertainments for the soldiers will undoubtedly be a big part of the festivities in every community, and the temptation of the men to overdo must be guarded against. A few days of such good times may so overtax a man as to set his recovery back many weeks.

Every effort will be made to make Christmas a happy season at the sanatoria. There will be decorations, visitors, parties in proportion to their strength, and all the Christmas menu trimmings. The move is in the best interest of the men, and it is felt that they will see it that way.

In the June conference of the eastern and central medical officers of the Commission treating tuberculosis cases, it was recommended that specialists in T.B. be appointed in connection with every medical board for the examination of men suffering from tuberculosis, for the purpose of regulating pensions, etc. This has been found impossible since there are not a sufficient number of specialists, except in the large centres, to carry on such a work. In view of this fact, Col. Alfred Thompson, Medical Superintendent of the Commission suggested that some social service, the St. John Ambulance Association, the I.O.D.E. or the Victorian Order of Nurses be asked to take over the work of keeping in touch with the men for the first six months following their discharge. Such an order could do a great work in watching a man's progress and condition and directing him to the dispensary where the proper treatment would be given him in case he should need attention. It would be the visitor's duty

to see that the men live under the proper conditions, that they know where to go, and go, in case they need medical attention.

Capt. J. R. Byers reported upon the suggestions made by Major R. Tait MacKenzie on exercise for T.B. patients; fumigating plants for the sanatorium were discussed, and many other points of management arranged.

Dr. F. J. Shepherd, of Montreal, President of the Association of Medical Officers Caring for T.B. Soldiers, presided.

A MASSAGE SCHOOL OPENED IN TORONTO

WOMEN from all parts of Canada have answered the call for masseurs and enrolled in the big training school opened by the Military Hospitals Commission at Hart House, Toronto, for the purpose of qualifying women as trained workers.

The first class on the opening day numbered 82, and the entrants varied from young college girls to mature women of 40, all eager to make themselves proficient in the work, that they might help mend the soldiers who have returned incapacitated, and needing such treatment to make them fit again.

Many are from the big cities, a large number from Toronto, but others came from little towns in Saskatchewan, and villages in the Maritime Provinces.

The course is under the direction of Ser'gt.-Majors Kendall and Holmes, who have been carrying on a similar course in Whitby Convalescent Hospital and Barraca Hall since February, and turned out 52 trained masseurs in their first class, 17 of whom were returned soldiers.

In the Hart House school, in addition to training in massage the young women will be given instruction in orthopedic movement, and medical electricity, and in a few months time, it is hoped, that a course in therapeutics will be added.

Through the kindness of several University professors and lecturers the new classes will be taken over, Capt. Pepperdene offering his services for the lectures in electro-therapeutics, Mr. J. Blatz in physical, and Professors McMurrich and London in anatomy and dynamics.

The graduates will be sent to the various military hospitals throughout the country to treat cases of nerve injury, paralysis of the muscles and stiffened joints, which by massage and such treatment as the course includes, have been cured in scores of cases thought at first to be hopeless.

CONVALESCENTS HAVE ST. JOHN ARMOURIES

So few active treatment cases have been returned to Canada up to the present time in comparison to the number which were expected, that the armouries at St. John, N.B., prepared on the advice of the Imperial authorities for bed cases, has been converted into a convalescent home by the Military Hospitals Commission and made a centre of activity in the new "K" Unit. One hundred convalescent men are now being cared for in the institution and every branch of work for the disabled soldiers, including physical and vocational training, is being carried on. The wards which were made from the old drill hall will accommodate 450 men, and all the company rooms have been made into rooms for special treatment, and administration offices. The kitchen, which was added, is of the most complete type, equipped with all the steam and electric apparatus of the best hotel, and run by a skilled dietitian and her staff.

The armouries offer splendid quarters for convalescent men during the winter season, and the men are in fine spirits.

SHELL SHOCK VICTIMS CURED IN WORKSHOP

AN exhibition of the work done by the convalescent soldiers in Esquimalt Military Hospital in their vocational training classes drew great crowds, but the point of particular interest, which only those who are familiar with the problems of the Military Hospitals Commission appreciate, has been missed in admiration for the craftsmanship of the men.

Many of these men, who have never had a tool in their hands, have executed remarkable pieces of work under the direc-

tion of Sergt.-Major Dawson, the instructor in the woodworking branch of the vocational training department, but some of the less attractive pieces from the point of view of craftsmanship have stories behind them which attach to them an importance which perfection in workmanship could never make so interesting.

These pieces are made by men suffering from shell shock or nerve centre injuries which have affected their powers of concentration. The work has been the means of restoring their normal mental keenness through persevering effort to focus thought on the matter in hand. Thus in addition to completing the piece they have been gradually improving their condition and will ultimately entirely overcome their difficulty.

The vocational classes in connection with the Military Hospital work have been established, of course, with the view of putting every returned man incapacitated for his former occupation in possession of a trade at which he can earn a good living, but the work has its therapeutic value as well, and very often veritable miracles have been worked.

SOLDIERS' HOSPITAL (ORILLIA), DEBENTURE BY-LAW

A BY-LAW to issue debentures for \$25,000 for a Soldiers' Memorial Hospital at Orillia was carried on September 30th by seventy majority. The vote was small. Sixty thousand dollars has been raised by popular subscription for the erection of the building, and the town debentures will be used toward maintenance of returned Orillia soldiers. The debentures will be for forty years, and will be placed in the hands of a trust which will deliver one debenture to the Hospital Treasurer each year. Any returned Orillia soldier will be entitled to three months' free treatment each year during his lifetime. The building will be erected immediately after the close of the war.

MAJOR R. TAIT McKENZIE NOW WITH THE MILITARY HOSPITALS COMMISSION

MAJOR R. TAIT McKENZIE, R.A.M.C., who has been appointed by the Military Hospitals Commission to make a survey of its institutions, with a view to developing physical therapy on extensive lines, returns to Canada, where he gained his first prominence as medical director of the physical training in McGill University, credited with one of the greatest works in the British army, the creation of 16 Command Depots in England where the incapacitated are cured through remedial exercise and physical therapy, new armies are made from old, and the margin of war wastage cut to the minimum.

At Hart House, in Toronto, where Dr. Edward A. Bott has already done brilliant work in physical re-education, restoring men crippled by injuries to physical fitness, he will go over the apparatus invented by Dr. Bott and his assistants, and have patterns made from them so that duplicates can be placed in all the hospitals throughout the country. He will also try to establish training courses at several centres, similar to the school for masseuses opened lately in Hart House, to supply the demand for such treatment.

Major McKenzie was born in Almonte, Ont., and took both his Arts and Medical degrees at McGill.

GIFT OF MATERNITY HOSPITAL TO OSHAWA

ANNOUNCEMENT was made on September 20th by Mr. J. D. Storie, Chairman of the Oshawa Hospital Board, of the handing over by Mr. R. S. McLaughlin of his residence and grounds in East Oshawa for use as a maternity hospital. Mr. Storie states that the property is worth about \$25,000 and is in every way suited to the purpose for which it has been donated.

THE annex to the Spadina Military Hospital has been ordered closed and instructions to vacate premises have been issued from the Military Hospitals Commission.

Hospital Items

ACCORDING to an official list just issued an increase in the bed accommodation of Canadian military hospitals in England, has been authorized to the undermentioned extent: At Basingstoke, 2,500 beds; at Kirkdale, 1,300 beds; at Shorncliffe, 1,040 beds; at Brighton, 1,040 beds; at Moore Barracks, 1,040 beds; at Bramshott, 1,040 beds; at Hastings, 520 beds; at Hospital, Eastbourne, 520 beds; at Duchess of Connaught's Red Cross, Taplow, 1,040 beds; and Ontario, Orpington, 2,080 beds.

THE Government House at Charlottetown, P. E. I., has been offered by Lieutenant-Governor MacDonald to the Military Hospitals Commission as a Convalescent Hospital for returned soldiers.

OFFICIAL announcement is made that the Military Hospitals Commission will erect a six-hundred convalescent hospital on property adjacent to the MacDonald College site, St. Anne de Bellevue, Que. McGill University will be associated with the Commission in the project.

THE Canadian Y.M.C.A. has secured the Strand site, where stood the famous Tivoli Music Hall, erecting at a cost of \$75,000 a rest centre for Canadians to be served by a staff of 200 Canadian ladies in England. Two hundred and fifty soldiers on leave in London are able to be accommodated.

IT is the intention to establish at Halifax, N.S., an institution for the education and training of blind soldiers. The work will be organized on the lines of that done at the St. Dunstan's Home in London, by Sir Frederick Fraser, who has been so successful in building up the Halifax School for the Blind.

THE sum of one thousand dollars has been advanced by the Municipal Council of Westmoreland, N.B., to the Moncton Hospital, in view of the increased cost of maintenance.

THE Brandon, Man., Hospital for the Insane is to be enlarged. It is probable that patients at present in the Asylum who are not actually insane will be removed to Selkirk, while insane patients now at Selkirk will be taken to Brandon.

DURING the past twelve months, 1,451 patients have been treated in the Royal Columbian Hospital at New Westminster, B.C., at an average cost of \$1.73 a day for each patient. The number of hospital days was 28,920. The financial statement for the year showed a deficit of \$3,401.27.

SEVERAL business matters were discussed at a meeting of the Board of Directors of the Vancouver General Hospital on Aug. 2nd. Outstanding accounts to the amount of \$75,000 are now on the books of the hospital and every effort to collect these accounts has been unsuccessful. It was decided, therefore, to place all overdue accounts up to December 31st, 1916, in the hands of a solicitor for collection. The members of the Board thought that Dr. McEachern, the medical superintendent, ought to be relieved of some of the business responsibility and, accordingly, it was decided that a clause should be added to the by-laws to provide that business matters should be placed entirely under the direction of the managing secretary, whose approval must be obtained in connection with all matters involving the expenditure or collection of money.

War Hospitals

ORPINGTON HOSPITAL

THE new wing to this splendid institution, erected by the Ontario Government, is now completely filled, the last convoy of wounded soldiers reaching the hospital direct from Abbeville, via Boulogne. There have been several recent changes in the staff at Orpington. Major McKay has left to join No. 1 General Hospital at Etaples. Capt. Clark recently suffered from an attack of antrum disease and got three months' leave. Capt. Gunn also left recently on six weeks' leave. Capt. Greenwood, who had been away for ten weeks on sick leave, recently arrived in Canada, crossing the Atlantic on transport duty. Maj. Harley Smith, Maj. Crawford, Capt. Hilker, Capt. Parr, with Lieut. Lucas and Capt. Armstrong, are now the only remaining members of the original staff who left Toronto and crossed the Atlantic on the *Olympic* in April, 1916. Col. Thomas McCrae is now in charge of Medicine, with Col. Malloch, whom we are told is recently "looking as fine as silk," in charge of Surgery.

KITCHENER MILITARY HOSPITAL

THE following officers are on the staff of the Kitchener Military Hospital, at Brighton, England, which is the only Imperial Hospital that is staffed exclusively by Canadians: Lt.-Col. A. T. Shillington, C.A.M.C., of Ottawa, officer-in-command; Lt.-Col. W. McKeown, of Toronto, second-in-command and head of the surgical department; Maj. Philip Burnett, D.S.O., of Montreal; Maj. D. A. Whitton, Maj. W. H. Macdonald; Capt. G. C. Hale, of Toronto, head of the medical department; Capt. Fleming, adjutant; Capt. J. H. Slater, Capt. N. T. Beeman, Capt. C. D. Rilance, Capt. C. A. Thrush, Capt. R. N. W. Shillington, Capt. A. J. B. Herbert, Capt. K. C. W. Dean, Capt. O. Morris,

Capt. W. N. Cochran, Capt. J. T. W. Boyd, Capt. G. W. Leach, Capt. C. A. Temple, Capt. D. M. Lineham, Capt. T. A. Watter-son, Capt. O. S. Waugh, Capt. W. F. Hale; Capts. J. O. Watts and C. R. Spencer, chaplains; Capt. J. J. Thompson, registrar; Capt. E. T. Curran, Capt. W. H. Brown, Capt. F. C. Campbell, Capt. H. A. Sims, Capt. J. L. Walker, Capt. S. G. Mills, Capt. R. Kirkpatrick, quartermaster; Capt. J. Lewin, assistant quartermaster; Capt. H. A. McComb, paymaster; Capt. E. C. Cosstick, assistant paymaster, and Capt. C. H. Fowler, C.A.-D.C., dental officer.

Col. Herbert Bruce recently attended a conference of Consultants with the Director-General of Medical Services at Headquarters, as a result of which he has spent the past few weeks at No. 4 Casualty Clearing Station, France, where he arrived on July 29th last. Since his arrival there, he has been exceedingly busy operating, in addition to which he has been making the rounds of thirteen clearing stations and hospitals in France. At No. 64 C.C.S., he had oversight over one thousand patients. Dr. Bruce speaks of the work of the stretcher-bearers, in collecting the wounded and bringing them in, as beyond all praise. The work of these bearers has been recently carried out at great personal risk, as they are constantly exposed to the enemy's fire, and not being armed, they lack the moral support and advantage which the possession of arms gives to any combatant. Colonel Bruce has also been in close touch with some additional hospital accommodation at Trouville, where the British have erected a building for no less than thirty thousand beds.

Lt.-Col. F. W. E. Wilson, St. Catharines, Ont., has, in the opinion of many, been treated in a most unfair manner from a military standpoint, the result of some criticisms made a year or so ago in reference to the C.A.M.C. General Jones, as soon as he was reinstated, punished Lt.-Col. Wilson by sending him to France, degrading him in rank and attaching him to a field ambulance. Later on he was sent as medical officer with a battalion into the trenches, a position which he filled for about

two months. Such a position is usually filled by a man of the lowest rank in the service, namely, a Captain. Lt.-Col. Wilson was afterwards transferred to a C.C.S., to which he was attached without duty. A little later he was sent as medical officer to a Forestry Battalion on the frontier of Switzerland, which position he held up till a few weeks ago. It seems exceedingly unfair and almost indecent that a man holding a commission as Lieutenant-Colonel should be degraded from the highest position in the service in England just because he dared to speak the truth. Such autocracy in the medical service is almost worse than any which existed in Russia prior to the fall of the Czar.

COL. R. M. SIMPSON, Winnipeg, is appointed to command No. 1 Canadian General Hospital in France. During the operations which resulted in the capture of Vimy Ridge, Col. Simpson was attached to the Canadian corps, and assisted where the strain was the greatest, acting as Assistant Director of the Medicals, also as Medical Officer with the field ambulance and regiment. In the actual great assault he conducted an advance dressing station, following after the advancing troops and always under terrific fire. Col. Simpson formerly was second in command, and returns to this hospital at the request of the British authorities.

CAPTAIN W. B. SHAW has been appointed to take charge of Fairmount (Langara) Military Hospital, British Columbia. He was acting major in France, and in command of the 37th Battery of the Canadian Artillery; was wounded nearly a year ago, and while nearly recovered from the direct effects of his wounds, has not regained his health sufficiently to resume active service for several months.

CAPTAIN WITHROW, who for forty days was commanding officer at Newmarket Military Hospital, has been transferred to Toronto, and Dr. Dougherty, from Vancouver, B.C., succeeded him.

Military Hospital Notes

CAPT. W. B. McDERMOTT, C.A.M.C., is on duty with the Anglo-Russian Red Cross Hospital.

LT.-COL. J. R. SPIER, C.A.M.C., is in command of the Canadian Convalescent Hospital at Bromley, England.

DR. L. DE L. HARWOOD, Superintendent of the Notre Dame Hospital, Montreal, has left Canada to join the staff of the Laval General Hospital.

DR. R. G. FERGUSON, of Winnipeg, has been appointed Medical Superintendent of the Qu'Appelle Sanitarium pending the return of Dr. Hart, who is on active service.

LT.-COL. S. HANFORD McKEE, C.A.M.C., of Montreal, is in temporary command of the Westcliffe Hospital, England, during the absence of Col. J. D. Courtenay, C.A.M.C., who is on leave.

CAPT. J. W. SMUCK, A.M.C., has been taken on the strength of the Base Hospital on part time duty from July 21 to August 12, and is now admitted to full time duty with effect from August 13.

CAPT. E. RYAN, chief medical officer of "D" unit, M.H.C., is once more back at his desk at No. 1 Queen's Park. The captain had been away for several days on leave because of the serious illness of his wife.

THE ten large Canadian hospitals in England—both the purely military and those under the Canadian Red Cross—will henceforth be known, not by their names, such as Duchess of Connaught's, etc., but by numbers. Each will be designated General Hospital No. so-and-so. This has long been the very general practice among the British hospitals.

SINCE the first of October there has been but one penitentiary physician at Kingston. Dr. (Lieut.-Col.) W. T. Connell has resigned as consulting physician, and Dr. Robert Harley has assumed all duties, receiving \$1,360 a year salary.

MAGNIFICENT RECORD OF THE UNIVERSITY OF TORONTO IN THE PRESENT WAR

Just how splendid have been the achievements of the men from the University of Toronto in the present war can only be realized by reading the record completed recently by the Registrar's office.

Of the 4,052 'Varsity men who have been on active service 205 have won honors, while 112 were mentioned in despatches. Those who have made the supreme sacrifice number 255. There are 29 either prisoners of war or missing and 385 have been wounded.

The 2,194 graduates and 1,319 undergraduates to go overseas made up a whole university in themselves, not to speak of the 279 who were at one time students at the University, but never completed their course, and the 133 members of the Faculty of Education. 127 members of the staff have also seen active service.

Of the University men Major Thane Wendell MacDowell, of Maitland, Ont., a Victoria College student, won the Victoria Cross.

The late Brigadier-General M. S. Mercer was the one 'Varsity man to be made a Commander of the Bath. There are 9 Commanders of St. Michael and St. George, including Lieut.-Col. J. C. Fotheringham, Lieut.-Col. G. C. Nasmith, and Brig.-Gen. C. H. Mitchell. 28 have been awarded the Distinguished Service Order.

The honor to be won by the greatest number is the Military Cross, and 112 University men have the right to attach M.C. to their names. 4 have received the bar in addition to the cross. 2 have won the Distinguished Service Cross with bar. One of these is Flight Captain Eric R. Grange, son of Principal Grange of the Veterinary College. One of three to be awarded the Distinguished Service Cross is Captain Douglas Hallam, son of ex-Ald. John Hallam.

One lady is included among those to win decorations. She is Miss E. B. Ridley, a graduate of Trinity College, who won the Royal Red Cross. This honor was conferred for Miss Rid-

ley's bravery in removing patients from a French hospital which was under fire. She is now the matron in charge of the Canadian Specialist Hospital, Ramsgate, England.

Major Clifford Bennett Nourse, of Picton, a graduate of the Ontario Agricultural College, is one of 7 to win the Distinguished Conduct Medal.

Six of the allied nations have conferred honors upon the 'Varsity men. Second Lieut. Nestore Cacciapuoti is one to win Italian honors.

Capt. J. J. Creelman, D.S.O., of Montreal, was awarded the Orders of St. Stanislaus and St. George by the Russian Government. The third Russian order was won by the late C. P. Cotton.

Fourteen French honors were given, and Brig-Gen. C. H. Mitchell won the Order of Leopold, the only Belgian honor to be conferred on a 'Varsity man. Col. George Gow and Capt. H. J. Shields won the two Serbian decorations, while the Montenegrin Government saw fit to confer one of its honors on a U. of T. graduate.

In a list recently published of Canadians brought to the notice of the Secretary for War for valuable service rendered, the names of the following medical graduates of the University of Toronto occur: Lieut.-Col. J. A. Amyot, C.A.M.C.; Lieut. Col. P. G. Goldsmith, C.A.M.C.; Capt. T. F. Graham, C.A.M.C.; Capt. H. C. Hall, C.A.M.C.; Major S. H. McCoy, C.A.M.C.; Lieut.-Col. R. Raikes, C.A.M.C.; Col. R. D. Rudolf, C.A.M.C.; Lieut.-Col. C. L. Starr, C.A.M.C.; Major R. E. Wodehouse, C.A.M.C.

COL. C. S. McVICAR has returned home after an absence of two years and four months. The colonel has been with the University Base Hospital at Saloniki, and is home on two months' leave. His residence is at 300 Roncesvalles Avenue. He will report for duty again at the end of two months.

IMPRESSIONS OF LIFE AT THE FRONT

PERSONAL impressions and experiences of men at the front always make interesting reading to us in Canada. It is a remarkable fact that some of the most interesting accounts of the life there have been furnished by medical men. Such records are more than interesting; they give us valuable information because they come from men who write from close observation and who study facts carefully before setting down their conclusions.

• It is for this reason that attention is drawn to an article entitled "The First Canadians in France," recently published from the pen of Major F. McKelvey Bell, a well-known Canadian physician, who is now serving with the Overseas Forces. The article contains the following passage:—

"To the boys at the front the cigarette is the panacea for all ills. I have seen men die with a cigarette between their lips, the last favor they had requested on earth. If the soldier is in pain, he smokes for comfort; if he is restless, he smokes for solace; when he receives good news, he smokes for joy; if the news is bad, he smokes for consolation; if he is well, he smokes; when he is ill, he smokes. But good news or bad, sick or well, he always smokes."

These are impressive words, which go far to explain the popularity of the cigarette, both at home and abroad. Nor is it only amongst the Allied forces that the cigarette is so much appreciated, for on the other side of the line the evidence is equally strong. A medical journal publishes the testimony of a German army surgeon of high rank, who had charge of troops on the war front.

"In the fever-ridden lowlands and marshes," he writes, "I noticed that our soldiers remained well even under the worst weather conditions so long as they smoked cigarettes. Whenever our tobacco supply gave out the cases of typhoid and malaria became numerous. I made similar observations in unhealthy marshes. Other physicians with whom I discussed the result of my investigations assured me that they also had observed the immunizing effects of tobacco."

It is evident that to many men the cigarette is a pleasure, a benefit and a necessity, all rolled together.

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Book Reviews

The Fundus Oculi of Birds, especially as viewed by the Ophthalmoscope. A study in comparative Anatomy and Physiology. By CASEY ALBERT WOOD. Chicago: The Lakeside Press; 1917.

This atlas is illustrated by 145 drawings in the text; likewise by 61 colored paintings, prepared by Arthur W. Head, F.Z.S., London.

Publisher: H. A. Fox of West Madison St., Chicago, Ill.

The price of this beautiful atlas is \$15.00, and will be much valued by ophthalmologists and zoologists who have occasion to study the eyegrounds of the aves, reptilia or of mammals.

Some very interesting conclusions have been arrived at by Dr. Wood. Such studies as his throw much light on the function of sight. These researches are made preferably on the living eye. The concavity of the posterior half of the avian eye is observable, showing the pecten, the optic nerve entrance, areas of acute vision, fundal blood vessels and opaque nerve fibres. The different species have fundi peculiar to themselves, and these fundi exhibit a great variety of distinct vision, corresponding closely to the habits and habitats of such species. The author has been unable to reproduce (ophthalmoscopic) appearances of fundi by photography. Domestication or prolonged captivity brings about abnormal changes. Ophthalmoscopy throws light on the origin of birds, or at least on their relation to their sauropsidian ancestry.

A Text-Book of First Aid and Emergency Treatment. By A. C. BURNHAM, M.D., Medical Corps, U.S.R. Instructor in Surgery in the Polyclinic Hospital, New York City; Attending Surgeon, Department of Surgery, Vanderbilt Clinic; College of Physicians and Surgeons, New York City. Illustrated with 160 engravings and 2 plates. Philadelphia and New York. Lea & Febiger. 1917.

Among the numerous books for neophytes in medicine and nursing, for scouts and camp girls and others interested in first aid and minor surgery comes Dr. Burnham's 300-page volume, which in addition to the usual discussion of anatomy, physiology, bandaging, simple nursing technique, has some new pointers on the handling of medical and surgical emergency—poisoning, suffocation, regional and general injuries. Apropos to war-time, a chapter is devoted to transportation. It is gratifying to note the increase in the publication of such volumes as this for the semi-medical and nursing folk; for the wider spread of such knowledge the better for everybody.

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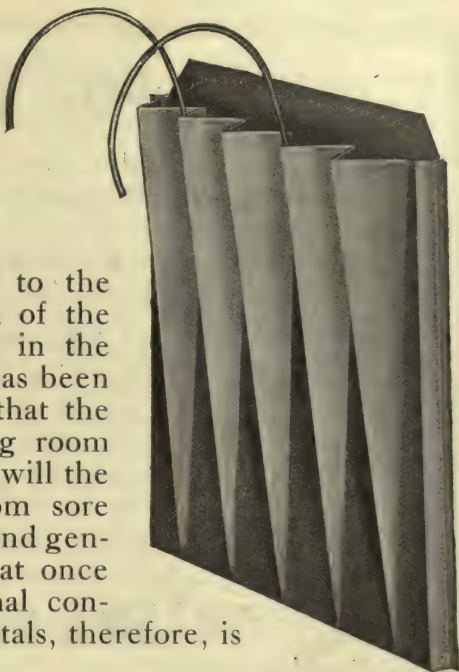


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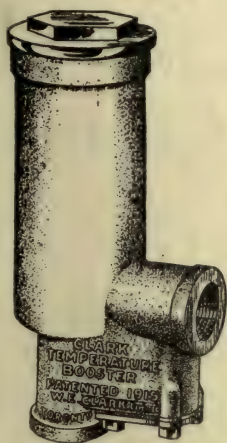


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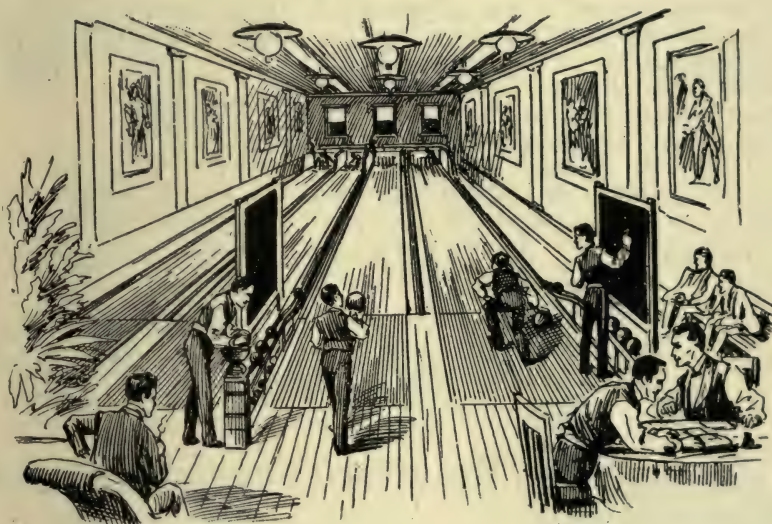
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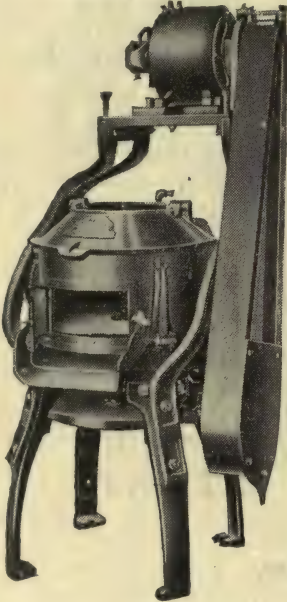
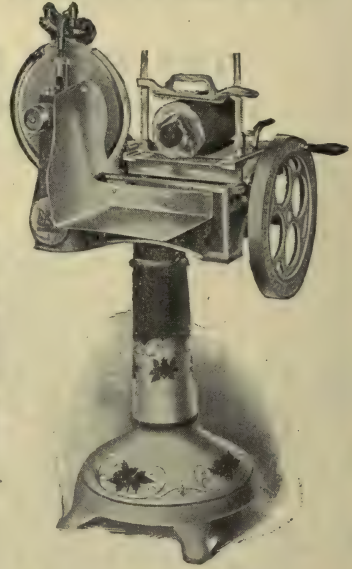
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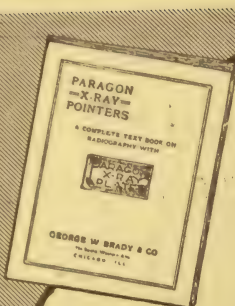
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THE HOSPITAL WORLD

Vol. XII (XXIII) Toronto, December, 1917

No. 6

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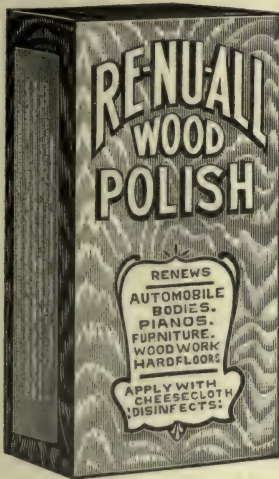
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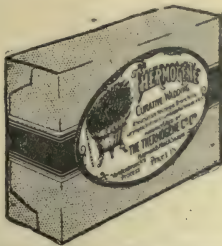
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Vol. XII.

TORONTO, DECEMBER, 1917

No. 6

Editorials

TORONTO GENERAL HOSPITAL

IN a recent issue, reference was made to the resignation of Dr. C. K. Clarke, as Medical Superintendent of Toronto General Hospital. The report, published a week or two ago in the lay press, seemed to be one pre-

H.W.—2

pared probably by the Board, and handed out for publication. We desire to say a word regarding the change in Superintendents, and also in respect to the report.

Dr. Clarke handed in his resignation some months ago, and it has been regretfully accepted. Under Dr. Clarke's administration, the hospital had been economically run as compared with some eight or nine other large Institutions on the Continent; that is to say, if the per capita per day cost is any criterion.

The Board, in getting pointers from the other hospitals mentioned, apparently were not influenced particularly by one important point—that all the hospitals named, bar one, are superintended by a medical man, not by a layman. In appointing a layman as head of a large institution for the care of the sick, wherein the all-important work is done by doctors and nurses, we are of opinion, other things being equal, that a medical man should be chosen. In saying this, we are not reflecting on the character or capacity of the new incumbent. The work of the steward, accountant, purchasing agent, and of the “hirer and the firer” can be as readily supervised as can the work of the principal departments—the medical and nursing. And the supervision of these latter is pre-eminently the job for a doctor. An assistant to the medical head could look after the subsidiary departments mentioned above, and be responsible to him for their proper running. The medical director should not be made subsidiary to a lay superintendent.

Dr. Clarke has had an arduous experience in a difficult post to fill, and the Board is fortunate in finding him willing to continue in charge of the medical staff and—we presume—the nurses.

As to the report. Is it not about time that the press were allowed to secure admission to the Board meetings, and given more frequent opportunity of inspecting the hospital? The Toronto General Hospital is not a private corporation, but a public institution, supported heavily by the city, less so by the province, by rentals from lands given by the province, and by voluntary contributions. We maintain the hospital would come more into the affection of the public and be better supported if the lid were lifted and the reporters allowed in the Board meetings. We did not always think so; but we do now.

THE ROCKEFELLER INSTITUTE

FROM NOTES TAKEN BY DR. J. N. E. BROWN.

DR SIMON FLEXNER, administrator of the Rockefeller Institute, delivered an address on the above subject in Convocation Hall, University of Toronto, on October 25th, in the presence of His Excellency, the Governor-General, His Honor the Lieutenant-Governor, and a goodly number of university people and their friends. Dr. Flexner said in part:—

“One of the members of the staff, Dr. Alex. Carrell, was in France at the outbreak of the war. Dr. Carrell has been connected with the Institute for many years. It was his custom to return to France every summer. He was there on those fateful August days of 1914; and at once offered his services to his country. He was given a small hospital at Campeigne; and it was in connection with that hospital that the Rockefeller activities began.

“The Institute provided Dr. Carrell with laboratory facilities, as he did not feel like asking the French Government to supply them. The Institute also provided him in part with a partial staff.

“He became associated with Dr. Dakin, an English chemist; and they together perfected a treatment for infected wounds which is now playing a considerable part in the surgery of the war. Out of this beginning many of the Rockefeller activities have grown.

“Surgery received a great revolutionary shock at the time of the discovery by Pasteur that bacteria are the cause of fermentation, and the practical application made by Lister—that these bacteria caused suppuration in wounds and that certain chemicals would kill these micro-organisms, stop the suppuration and allow the wounds to heal. During the fifty years which have intervened since their discoveries the practise of surgery has completely changed. From having to do with wounds which were characterized almost without exception with infection, surgery became almost free of infection. During this period the practise of surgery underwent very material change. From

being antiseptic—the method introduced by Lister—surgery became aseptic. The object of the surgeon is to prevent infection; and so perfectly is this system now worked out that it is the exception for infection to occur.

“Under war conditions such as arose after the Germans were defeated at the Marne, infection of wounds became very common. The character of the fight was such, the nature of the soil was such, that almost every wound almost immediately became infected and the character of the infection was often very severe.

“Therefore the problems which had to be met were similar to those of half a century ago, rather than those of the immediate past.

“France and Belgium for centuries have been in the highest state of cultivation. The cultivation of the soil is made possible by fertilization. The materials which are used for fertilization carry with them a very large number of bacteria and these bacteria are capable of producing resisting spores which are able to survive a considerable time, so that when the bacteria are carried into the wounds and not neutralized the tissues of the body become developing places for them; they multiply very rapidly and destroy the tissues.

“You have become familiar with the term gaseous gangrene—due to a class of organism developing under circumstances in which rapid death to the tissues ensues. This death of the tissues is associated with rapid multiplication of bacteria which grow in the absence of air, with the result that they disorganize the tissues. Numbers accumulate in the tissues, burrow further, and as they push their way along they carry more bacteria to new parts and in turn subject these to the same character of destructive circumstances.

“Gaseous gangrene was not wholly a new condition. It had been known before. It was a rare consequence of wounds in civil life unless under conditions in which soil containing this particular micro-organism happened to be carried into the wound.

“The discovery of this organism dates from 1892. Up to 1914 some 200 cases of infection due to this micro-organism were reported in literature. In other words we were familiar only with a particular organism which caused this infection.

We knew also about the source. We know more about sources now. It has been traced to the intestinal canal of human beings and of animals. It is one of the most common inhabitants of the interior of animals. These soils so highly fertilized and cultivated contained large numbers of the gas bacilli. The clothing even carries spores of the gas bacillus. One would suppose the process through which wool is put through with dyes and chemicals that all living matter would be destroyed. But it is proven to be otherwise. Uniforms that have even been sterilized will contain spores of these bacilli. It is therefore almost omnipresent. The sheep roam over the fields, deposit their excreta on the ground. They lie down in these fields and the wool becomes contaminated. The process through which the wool is put doesn't destroy the organisms. It is therefore possible for men found wounded by shot or shell to become infected through fragments of clothing carried in. Hundreds and thousands of such cases have developed. These bacilli being so wide-spread easily explains the large number of cases which occur. These bacilli are not always of the same degree of intensity. In certain instances the cases are easily remedied by proper measures. In others—numerous instances—the character of the micro-organism is of a type which develops with great rapidity and is very destructive in its effect, bringing about a serious form of gangrene leading to amputations and sometimes causing death in a very short period of time.

“Dr. Carrell interested himself in the study of this form of infection of wounds. He made little progress until in association with Dr. Dakin he began to test out chemical antiseptics. Latterly chemical antiseptics were not being used in surgery. Here was a condition in which there was an abundant growth of bacteria—including others besides the gas bacillus—in which no other measure was adequate.

“Chemical antiseptics act deleteriously not only on the micro-organism but also upon the tissues themselves. The micro-organisms are protoplasm, precisely as the tissues are. The problem of surgical antiseptics resolves itself into one in which we are to find a chemical that will not harm the tissues but will destroy the micro-organism causing the infection.

“A great many chemicals were tested. Long ago a particular

chemical had been used but had been discarded. This was chlorine. Chlorine is the gas which the German gas battalions used with such disastrous consequences. But the chlorine there employed was used in a manner different from that proposed for the tissues subject to wounds. For the purpose of modifying this form of infection by the gas bacillus, many years ago chlorine was used in the form of Lavaret's solution. But its effects were so caustic its use was accompanied by great damage. But chlorine in the hands of Carrell and Dakin was found to be one effective means of controlling gas infection. It would kill the bacteria but would not hurt the tissues. The chlorine was combined with boracic acid. The boracic acid is not used on account of its antiseptic qualities—which are but slight—but to neutralize the alkaline form in which the chlorine was used. This is known as Dakin's Solution.

“To perfect the method and make it applicable and successful in surgical work it required a modification of the ordinary method of surgical procedure. Chlorine has such a great affinity for protoplasm that it attaches itself almost immediately to this substance. Methods had to be found by which this material could be brought into most intimate relationship with all the interstices of the wound, so that every part should be brought under the influence of the compound. The method had also to be further modified so that the solution could be renewed sufficiently often without disturbing the wound. For this Carrell devised a system of tubes connected with a reservoir containing the solution. Pressing a small cock would permit of the escape of the chlorine solution into all parts of the wound, the excess running into the dressing. In this way control of the infection is brought about.

“Gaseous gangrene is a condition in which these micro-organisms from the soil grow in the wound and bring about a rapid destruction of the tissues. These tissues are a favorite growing place for bacteria. The bacteria proceed to increase enormously. These tissues dissolve away much as a piece of skin would artificially under the action of gastric juice. The dissolving away of that dead tissue exposes the bacteria to the influence of the solution.

“This new method of treating made a great difference in the morbidity and mortality among the troops.

"When it looked as though the United States would be at war with Germany, a demonstration hospital was built on the grounds of the Rockefeller Institute and was modelled after the military hospitals on the Western Front. This hospital shows the people of the United States, particularly in New York, what goes to comprise a military hospital; but it is intended especially to train American medical men in this treatment of wounds. The hospital is made up of unit parts that can be taken down and set up again in any place. It is built on an English plan—changed merely to make it more suitable to be built in American shops.

"Once in every two weeks sixteen surgeons come to the hospital, sent by the Surgeon-General to learn under the teaching of Dr. Carrell and French surgeons, brought from France, the proper method of treating these forms of wound infection. They spend time in learning the principles on which the method is based, see cases treated, then try themselves, and note results. Nearly one-half of that time is spent by these men in the laboratory in which they test these chemicals, precisely as was done when the method was worked out. If they understand the principles they will apply the methods more intelligently and more efficiently than if they learned in any other way.

"The gas bacillus was discovered in 1892 by Prof Welch, of Johns Hopkins, and bears his name, though he never gave it that name. I was a pupil of his then; was present when it was first discovered—taking part in the investigation extending through several years. In due time I became interested in other things. It seemed desirable recently, however, to resume our study of the bacteriological aspects of some gas infection of wounds. So about a year ago we obtained from the Western Front a number of cultures made directly from smears taken from infected wounds in soldiers. We had already discovered that of the various lower animals subject to infection by the gas bacillus, the pigeon was found to be a subject in which the action of the bacillus bore a closer resemblance to that in man than any other. A number of domestic animals are subject to this infection, with varying degrees of susceptibility. Those that have a high degree of susceptibility are not suited for a study of this problem, because they do not approximate human

beings who have but a relatively high degree of susceptibility. The pigeon having proved that it did possess a degree of resistance exhibited by human beings promised to be a useful object from which to reconsider the subject. The cultures obtained from the western front were highly infective. We determined to learn precisely how it was that these gas bacilli brought about destruction of tissue and then grew so rapidly as to produce disorganization and gas. If we could explain its action in the pigeon we could explain it in the human being. If we could control its action in the pigeon we could control its action in the human being. Our studies on the pigeon were facilitated by reason of the fact that the bacillus acted very rapidly in the pigeon, causing death in twenty-four hours. So we were able to make a very large number of observations. Having determined that these cultures were active we tried to find what particular property of this bacteria was responsible for the destruction of tissue. The bacilli did not act primarily through their own presence, but after they lodge they secrete a toxic poisonous substance which acts on the tissues, bringing about their death and destruction. The products of growth make it possible for the bacteria to grow rapidly. We determined that the poisonous effect was not due to the living micro-organisms themselves.

"The problem, then, was to obtain this material from the bacteria and attempt to understand its action. By reproducing conditions in the test tube artificially we hoped to obtain this toxin in sufficient quantities to work with. After the production of these toxic elements in artificial cultures in the test tubes and glass containers a certain time must be allowed to elapse in order that the toxic material may accumulate. In the case of diphtheria the cultivation must cover a number of days. In the case of the gas bacillus, instead of testing for the toxin at the end of several days, we began to test at the end of a few hours, and found the maximum of production to be at the end of about twenty-four hours! Then there was a considerable diminution in the activity of the material for several days or weeks, when the action was lost.

"Having secured the toxin, the next step was to ascertain if its effects were the same as those produced by the bacilli

themselves. We found that it has all the effects save one—it does not produce gas. But it does destroy the tissues, poisons the animal, and changes the blood, producing anemia.

“Extremely minimum quantities of the toxin brought about death in a pigeon.

“The next question was whether animals could be immunized to the toxin; and whether animals, if immunized, did not possess a substance like an antitoxin. Both of these proved to be the case.

“So the situation at present is this: It is possible to produce from the gas bacillus an antitoxin which is as effective as the tetanus antitoxin is. It can be used to immunize. So we can eliminate gas bacillus infection. It is perfectly successful in animals: whether in man will be found out among our troops at the front. Our soldiers infected will be treated with this antitoxin.

“We cannot draw conclusions, of course, from a few specific instances. In a small number of instances, however, a very severely infected wound almost in a state of hopelessness, an application of the antitoxin brought a very rapid and striking amelioration of symptoms, attended by recovery.

“We have now accumulated a considerable quantity of antitoxin. Dr. Bull, one of our staff, will go abroad and take a sufficient quantity to make actual tests on the western front among the soldiers, using it both to prevent and to cure gas infection. It is to be hoped he will work among all the troops. He will first be sent to England, and meet the men there in charge of medical research for the English armies in France, and in touch with the American forces. He will show what has already been accomplished. He will meet British bacteriologists and show them how to prepare the material and how to apply it. He will make an ocular demonstration. What will happen will depend on their interest in the matter. If the subject develops, it may be that the tetanus antitoxin and this gas antitoxin may be injected into every man, where necessary, at one and the same time. Every patient who is potentially a subject to tetanus is also potentially a subject to gas. Both bacilli live in the soil. They resemble each other—growing and developing in absence of air. Both are con-

tained in the intestinal canal of animals. The tetanus bacillus, however, is not found in the clothing.

"If this treatment is successful, what with the surgical treatment introduced by Drs. Carrell and Dakin, we shall have solved one of the most serious and costly surgical problems of the war."

Dr. Flexner then showed some pictures of the sample military hospital on the Rockefeller Institute grounds—a complete hospital built in some three weeks and also some microphotographs showing the presence of gas bacilli in the tissues.

Dr. Flexner's address was listened to with great attention, not only by the laity but also by the profession; and, in addition to the frequent applause, he was given a very hearty vote of thanks for his effort.

THE thirty-two United States military hospitals that are being built will cost \$14,500,000. By fall there will be accommodation for 5 per cent. of the army, while in France there is to be accommodation for 20 per cent. of the army.

ANNOUNCEMENT has been made that besides applying the income from the \$100,000,000 given the Foundation by John D. Rockefeller to war relief work, the principal will be drawn upon this year to the extent of \$10,000,000. Already appropriations aggregating \$6,425,873 have been made from this draft upon the Foundation's investments. They include \$5,000,000 given the Red Cross, \$340,000 for work about the training camps for American soldiers, \$402,500 for medical research in the mobile hospital in France, to the National Committee on Mental Hygiene, and to the Rockefeller Institute for Medical Research. A fund of \$300,000 was also set aside to build and equip the hospital, under the control of Dr. Carrell, to teach new methods of war surgery. A number of relief associations have also received large sums.

Society Proceedings

AMERICAN HOSPITAL ASSOCIATION

THE nineteenth convention of the American Hospital Association at Cleveland is now a matter of history. Dr. Robert J. Wilson, of the Willard Parker and allied hospitals, New York City, filled the chair with unqualified success. His place is to be taken next year—at Baltimore or Washington—by Dr. A. B. Aucker, the veteran surgeon superintendent, of St. Paul's, Minn. Dr. Andrew Warner, of Cleveland, Mr. E. S. Gilmore, of Chicago, and Miss Grace Fairley, of Montreal, are the vice-presidents; Dr. Wm. H. Walsh, of Philadelphia, Pa., is secretary; Mr. Asa Bacon is treasurer; while Mr. Richard P. Borden, Miss Mary L. Keith and Dr. Winford Smith are trustees.

There were present: 263 active members, 27 associate, 78 guests, 80 exhibitors, 3 prospective members, 2 applicants for membership and 3 life members. The secretary in his report states that there are, in good standing, 1,149 members, of whom 870 are active, 264 associate, 10 honorary and 5 life.

The following Canucks were there: Dr. C. Black, Isolation Hospital, Toronto; E. G. C. Giffen, Wellesley Hospital, Toronto; Thos. Heard and Mrs. Heard, of Victoria Hospital, London; Jenny Leitch, Toronto; Dr. M. T. McEachern, General Hospital, Vancouver; Miss F. Mace and Mrs. T. Milne, Welland County Hospital, Welland; Miss Florence Potts, Children's Hospital, Toronto; Dr. Geo. Wm. Sinclair, General Hospital, Winnipeg; H. E. Webster, Victoria Hospital, Montreal.

The secretary in his report says that it is his invariable rule of replying to all communications received within 24 hours—"a rule that has created a most favorable impression upon many who have in former years oftentimes waited a whole month for a reply to an inquiry"!! (The italics and exclamation marks are ours.)

Nuggets from the Secretary's report:—The year 1917 has been marked by the appointment of a full-time secretary with

permanent headquarters * * * The membership has been slightly increased * * * The Bureau of Information and Registration is established. * * * A new accounting system has been installed. * * *. *In spite of almost insurmountable difficulties the preparations for the 1917 convention were carried to a most successful termination.* (Italics ours).

The Board of Trustees, beside appointing a secretary, decided: (1) To have the Association incorporated; (2) to appoint district censors to scrutinize applicants for membership; (3) took no action on the question of making *The Modern Hospital* the official organ of the Association; (4) decided to assist and encourage the organization of geographic units; (5) established life memberships; (6) decided to impose a penalty of 10 per cent. on members in arrears; (7) favored a "whirlwind campaign" for increasing the membership.

The Board of Trustees were glad to announce that the receipts from the commercial exhibit enabled the Association to employ a full-time secretary.

The gist of President Wilson's address was that in order that the public may be best served, hospitals should be controlled and inspected by the Government. The Association ought to aid in establishing such a control. Statistical records of hospitals should be kept on file at Government headquarters. The Association should also favor laws for the compulsory treatment and control of infectious diseases, especially tuberculosis and syphilis.

Dr. W. G. Stimpson, Assistant Surgeon-General, Washington, D. C., spoke on the necessity of safeguarding the health of the civilian population of the States while the country was at war.

Secretary Walsh condemned "Medical Coddling." Especially was such a practice to be condemned during war time.

Dr. John A. Hornsby advised the placing of the civilian hospitals on a war footing. The public could assist in winning the war by not demanding as many home visits from doctors. Civilians should forego medical attention, except when really necessary.

Mr. Michael Davis, of Boston, advised that "operations of convenience" should be postponed until after the war.

Dr. Thomas Howell and Katherine Buckley, of the New York Hospital, presented a paper on "Hospitals and Workmen's Compensation."

There was no question that Workmen's Compensation had come to stay. The cost of caring for accidents is charged into the cost of production. The hospital is paid for its work; the employer is covered by insurance and has no fear of damage suits; the injured employee demands and receives, as his right, proper surgical and other attention; and, if he is incapacitated beyond two weeks, gets two-thirds of his regular wages.

Although factories now are establishing first-aid stations, hospitals will have plenty to do, with over one-half a million accidents yearly. Under the new regime doctors are paid for their services to these cases admitted to hospitals.

The New York Act seems more satisfactory than those of some of the other states.

On the subject of "publicity" Mr. Frederick Greene, Secretary of the United Sunday Hospital Fund, of New York City, spoke. He emphasized the importance of the assistance of newspapers to hospitals. The refusal on the part of a hospital to give out news is an admission that there is something wrong. Hospitals maintained by taxation or by voluntary gifts are public institutions and under moral obligation to give an account of their stewardship. Newspaper men are public spirited and sympathetic and can be trusted. Hospital superintendents should cultivate the reporter's "nose for news." Hospital statistics should be clothed with flesh and blood and made to pulsate with heart throbs.

Major Winford Smith, of the Medical Reserve Corps, and Superintendent of Johns Hopkins Hospital, in his address on "The Organization of Civilian Hospitals for War," summed up his paper as follows:—

The duty of the American hospitals is: (1) To release the largest possible number of medical staff members for service in the Medical Reserve Corps of the army and to make good their loss by the addition of other men in civil life in the community who are ineligible for military service and who can render good service to the sick in the several branches of medicine.

2. To arrange for the release of the largest possible number of internes compatible with the maintenance of good service to the civilian population.

3. To release the largest possible number of trained nurses and to fill their places in the hospitals by bringing in untrained young women as pupil nurses.

4. To release the largest possible number of scientifically trained heads of the various hospital departments for war service and to fill their places by bringing in other and partially trained men and women to get the continuance of their training in the hospitals.

5. To release the largest possible number of trained orderlies and other hospital help for war purposes and to bring in and train others who are not now trained.

6. To perfect the organization of the civilian hospitals to the highest possible point in order to take care of a larger percentage of the civilian population, in order that the time and energy of doctors and nurses may be concentrated in the handling of large numbers of patients in groups instead of singly and at their homes.

7. To improvise the necessary number of additional beds to take care of this larger percentage of the civilian population.

8. To bring down the per capita costs of hospital maintenance to the lowest possible figure commensurate with the highest possible order of scientific service, in order to release more and more funds for the benefit of the sick and wounded of the war.

9. To conserve supplies and hospital commodities in order to leave that much more for the purposes of the War Department.

10. To buy whatever supplies and commodities may be necessary in the most judicious manner possible in order to interfere as little as possible with the needs of the army and navy.

In brief, these are the duties of the civilian hospitals for this war, as indicated by Major Smith in his address at Cleveland, under the inspiration of the War Department. The message of the Surgeon-General to the civilian hospitals of the country, as transmitted by Major Smith, was so clear and concise that every civilian hospital, its superintendent, its board of

trustees, and its financial supporters may know just exactly what to do, how to do it, and the result that may be expected. If not one other thing was done at Cleveland, this message was more than justification for the great gathering of hospital people there.

Dr. T. N. McEachern, of Vancouver, B.C., gave a live paper on "Annual Reports," in which he recommended that these "dry bones" should be made to live; that the statistical and scientific information should give a complete review of the hospital for the year.

CANADIAN ASSOCIATION FOR THE PREVENTION OF TUBERCULOSIS

THE seventeenth annual meeting of the Canadian Association for the Prevention of Tuberculosis was held in Ottawa on September 26th, with Senator J. W. Daniel, of St. John, N.B., as president, and Dr. Geo. D. Porter, of Toronto, as secretary.

At the first session, Dr. Porter gave a report of the year's progress, and was able to show a very large increase in accommodation in practically all the established sanatoria. Practically every sanatorium has been enlarged by pavilions or otherwise for the accommodation of soldiers, while some of the institutions have been taken over entirely for their use.

Tribute was paid by him to "the magnificent work of the Imperial Order of the Daughters of the Empire," and to the part played by the Victorian Order of Nurses.

But while much has been done for the soldiers, Dr. Porter emphasized the fact that "our silent enemy—tuberculosis—is taking off as many Canadian lives every year of the war as are the German guns at the front."

Senator Daniel gave his presidential address at the evening session. This also was very interesting, supplementing the secretary's address and touching upon the soldier problem. He also showed that the work of the Association had amply justified itself in that while the death rate from tuberculosis at the time the Association was organized, was 149 per 100,000.

it stands to-day at 91 per 100,000, and conditions, as a result of the war, were well in hand, while in France, where there was no organization previous to the war, and where tuberculosis was not recognized as a communicable or preventable disease, conditions had become very bad. He stated that 150,000 soldiers with active tuberculosis had been discharged from the army, that there was an appalling number of cases in the war-ridden regions of Northern France, and that a great proportion of the French refugees and prisoners and travellers being returned from exile in Germany were tuberculous. In conclusion, Hon. Mr. Daniel stated that "in Canada the profession has done its duty; it remains for the public to see that the work and advice of the profession should be properly appreciated and acted upon."

An interesting feature of this meeting was the presence, for the first time in several years, of some of the men active in anti-tuberculosis work from Western Canada. Among these were Dr. Vrooman, of the Provincial Sanatorium at Tranquille, B.C., and Dr. Stewart, of the Manitoba Provincial Sanatorium at Ninette. Dr. Stewart read a paper on Tuberculosis and Maternity, and in it laid stress on the fact that infection with tuberculosis is usually an event of childhood, and that the disease, as we see it in the adult, is not a new infection, but is rightly called a breakdown, resulting from the old more or less healed process. As an illustration, he stated that the soldiers did not acquire a new infection, but that they broke down under stress of the heavy training, this leading to a lowering of resistance or of immunity that allowed the old disease to light up again. Similarly the tuberculous mother suffered a breakdown as a result of the stress of childbirth. Dr. Stewart had collected valuable statistics from his cases, and made it very clear that the tuberculous mother ran grave risk of a breakdown or extension of trouble, showing that the mortality in this class of cases was much higher than the average. He estimated that in the Dominion, the number of tuberculous mothers giving birth to children each year was 2,400, and stated that the causes of breakdown in civilians must be stopped if the spread of tuberculosis was to be prevented.

Two eminent veterans in public health work, Sir James

Grant and Dr. Adam Wright, took part in the very interesting discussion of this paper.

At the morning session, Dr. O. Leclerc gave an interesting description of recent progress in Quebec City, and Dr. F. S. Minns described the school work against tuberculosis in Toronto, while a paper prepared by Dr. D. A. Craig was read by Dr. Hill on the organization in the city of London.

The afternoon session was given up to the discussion of different phases of the tuberculosis problem in the army. The subject was introduced by Dr. J. H. Elliott in a paper on "Tuberculosis in the Canadian Forces." While not minimizing the seriousness of the problem, he drew the conclusion that the prevalence of the disease was not higher than among the civilian population.

Dr. W. B. Kendall gave an encouraging paper on results of treatment of soldiers, and Dr. R. R. Byers described the use made of vocational training, and laid stress upon the better results in treatment where the men are kept properly occupied under medical direction.

In the absence of Lieut.-Colonel Thompson, his paper on what the Hospital Commission is doing for the tuberculous soldier was read by Capt. May. The papers of the afternoon made it very clear that the Canadian Association for the Prevention of Tuberculosis, through its members, is working hand in hand with the Military Hospitals Commission in combating the tuberculosis problem among our soldiers, and showed the need for some such national organization as the Military Hospitals Commission to carry on preventive measures among our youths after this war is over, as a military measure, that no future war should find us handicapped by such a serious tuberculosis problem among young men of military age.

At the evening session Dr. W. A. Evans, of Chicago, gave a most eloquent address that should be read in its entirety. He explained the United States method of examining recruits for tuberculosis and then brought out the fact that any great improvement in the tuberculosis problem could only be brought about by a country wide revolution, through a recognition of the situation by the people at large. He also pointed out that while soldiers are compelled to take treatment for tuberculosis

in both their own interest and that of the world at large, nothing has yet been done to regulate civilians in the same manner and that if progress were to be made, such a course would be necessary.

At the concluding session the following resolutions were brought in and accepted:

1. Urging the establishment of tuberculosis clinics in Canadian cities where none exist.
2. That the anti-tuberculosis movement be extended to the training and for the protection of the youth of Canada.
3. That the Department of Militia and Defence be urged to have all new recruits carefully examined by chest specialists before acceptance to the army.
4. Urging the pasteurization of all milk and cream used in the manufacture of butter and cheese, and that this measure be made compulsory.

Among the new officers elected are Mr. J. A. Machado, of Ottawa, as President, and Sir John M. Gibson, of Hamilton, as Vice-President. Hamilton was chosen as the next place of meeting.

THE FORTY-THIRD ANNUAL MEETING OF THE TORONTO HOSPITAL FOR INCURABLES

THE forty-third annual meeting of the Toronto Hospital for Incurables and the graduating exercises of the Training School for Nurses were held at the Hospital on Friday afternoon, October 26th.

It was good news to the directors and those intimately connected with the work at the Hospital for Incurables when President Ambrose Kent announced that the city was going to increase the per diem grant of sixty cents a patient. The discrimination between the allowance of the institution and that of \$1.25 to the General Hospital was adversely commented upon by several speakers and the promise of an increase was especially comforting in the face of a deficit of over \$9,000 shown on this year's balance sheet, almost entirely on account of increased maintenance charges.

Despite the deficit, however, there was not a despondent note in all the reports. While on the one hand the food bill was \$3,000 more than last year because of the high cost of living and the increased price of coal accounted for another \$3,700, these and other extra items of expenditure were partly met by increased donations and the most rigid economy that could be practised without impairing the efficiency of the management of the institution.

The hospital itself is neat and clean under the efficient control of Miss Cook, the superintendent, and Miss Grout, secretary-treasurer. It is not the dull place one would imagine the abode of the unfortunate inmates suffering from incurable maladies would be. There is surprising cheerfulness everywhere, the secret of it, as Mr. Kent explained, being the good relationship existing between the nurses and the patients. "The institution has all the advantages of an hospital, combined with the comforts of a home," declared Mr. Kent, "and within its walls is carried on a Christian-like work that merits the most generous support that the community can give."

To these sentiments Sir John Hendrie, Lieutenant-Governor; Rev. Newton Powell, J. K. Macdonald, John Firstbrook, Dr. Allen Davies and others, heartily subscribed, paying high tributes to the management of the hospital and recommending its claims upon the generosity of the public.

The report of Dr. F. C. Harrison on behalf of the medical board showed that on October 1, 1916, there were 222 patients in the hospital and during the year 102 admissions were registered. There were 74 deaths, seventeen patients left for various reasons, leaving 233 patients in the institution at present. In all 324 patients were cared for during the year. The report directed attention to the large number of cancer patients. "This disease is on the increase and the maintenance of such patients is a problem in itself," said Dr. Harrison. "The general health of the patients in the hospital is good and the absence of contagious disease speaks well for the sanitary and ventilation arrangements."

During the afternoon four graduate nurses were presented with their diplomas. A gold medal given by President Kent

for general proficiency and the highest standing in the final examination was won by Miss Anna M. Tookey, who also won a prize presented by Mrs. R. B. Hamilton for neatness of room and person. A silver medal, given by the Examining Board, for second place in the examination, was won by Miss Eva Le Quyer. The other graduates were Miss Wannamaker and Miss McLean.

ANNUAL MEETING OF THE AGED PEOPLE'S HOMES

THE year's history of three important institutions was concentrated into one annual meeting in Toronto on October 24th, when a large number of interested people gathered in the Aged Women's Home on Belmont Street to hear the reports of that institution, the Aged Men's Home and the Industrial Refuge. The President, Miss Caven, made a plea for a home in the country to which the girls of the Industrial Refuge could be taken, a group at a time, for a summer outing. Mr. J. B. Laidlaw occupied the chair. Mrs. R. C. Tibb, the secretary, gave a report which told most interesting things about the war-time activities of all three institutions.

FOLLOWING a settlement of the contest of the will of Mr. Brady, who died last February, leaving a large share of his \$3,000,000 estate to charity, plans have been announced for the James Buchanan Foundation of Urology, which is to be established in connection with the New York Hospital. The work of the Foundation will be carried on temporarily in the laboratories of the hospital, but the trustees plan to erect a new building in the near future, costing about \$500,000, in which there will be chemical, physical, pathological and bacteriological departments. The Foundation will be under the direction of Dr. Oswald S. Lowsley.

Canadian Hospitals

WOMEN'S COLLEGE HOSPITAL, TORONTO, ASK FOR GRANT

AN application for a grant of \$33,000 toward the building of the Women's College Hospital and Dispensary at 12 Rusholme Road, Toronto, was made on October 10th by a deputation of ladies to the Board of Control. The deputation said that this was the only hospital in Canada where women were attended in public wards by women physicians, that the hospital had been in operation since July, 1915, and that the extension wing, now being built, was absolutely necessary, bringing the total number of beds up to thirty-three. The matter was referred to Dr. C. J. C. O. Hastings and Finance Commissioner Bradshaw.

BALFOUR SANATORIUM

BALFOUR Sanatorium, the former C.P.R. tourist hotel on Kootenay Lake, now operated by the Military Hospitals Commission for the care of soldiers affected by tuberculosis, is justifying its selection for that purpose. In the first four months of its operation, during which the number of patients never exceeded 73, the aggregate weight gain of the patients was between 1,300 and 1,400 pounds, according to the records kept by Captain B. H. Olson, the medical superintendent. Gain of weight, the superintendent explains, is one of the most conspicuous symptoms of improvement in the progress to recovery of a patient. The healthy out-door life centred half way up the mountain side is given as one reason for the splendid results being achieved. Golf, croquet, and bowling are among the principal recreations, while a cable car belonging to the institution renders access to the lake easy.

There are about a dozen motor launches at the hospital in which the boys take a great deal of pleasure. Seven launches

are owned by individual patients. Fishing is particularly good in the vicinity of Balfour, and both officers and men derive much enjoyment from the Waltonian art. "Give us the building and we'll give you the cure," is a saying among tuberculosis specialists, and Dr. Olson states that he could not imagine a better "ready made" sanatorium building than the Balfour hotel proved to be. Its spacious balconies and liberal window space allow the maximum of sunshine and fresh air, even for those few cases which are confined to bed or couches.

A NEW HOSPITAL FOR INDIA

UNDER the direction of the Canadian Baptist Foreign Mission Board a new hospital has been opened at Pithapuram, India. It is in charge of Drs. E. D. Smith and Jessie Allyn. The buildings were the gift of the Rajah and Rani of Pithapuram, who are greatly interested in the medical work being carried on to relieve the sufferings of their countrymen. When the hospital was undertaken 20,000 rupees were received from this source, and at the dedication of the buildings another 5,000 rupees were subscribed by the Rajah for an enlargement of the work. This is the equivalent of about \$15,000 in Canadian money.

A LIST of contributions made public in connection with "Our Day" collection in behalf of the British Red Cross, made on October 18th, is led by a gift of £200,000 from the American Red Cross. Of this amount £50,000 is for the relief and comfort of the sick and wounded in the hospitals and casualty clearing stations in the lines of communications, where the British forces are fighting; £50,000 is for the maintenance of auxiliary hospitals and convalescent homes in England, and £100,000 is for the institutions in Great Britain devoted to orthopedic, facial treatment and general restorative work for disabled British soldiers.



OLD VICTORIA COLLEGE, COBOURG.

Recently operated as an Asylum by the Ontario Government, now used by the Military Hospitals Commission as an institution for the treatment of shell-shocked soldiers. Standard types of equipment are being arranged by the Commission for installation in all leading Military Convalescent Hospitals. Several institutions have already been supplied with this equipment, and in all new hospitals built by the Military Hospitals Commission adequate provision is made for hydrotherapeutic, electrotherapeutic, mechanotherapeutic, physiotherapeutic, re-education and massage facilities. Extensive increases in ward accommodation were made at Cobourg by the erection of two 150-bed wings with full service facilities. This necessitated a new kitchen and dining-room. A special building for vocational training and recreation was also constructed.

War Hospitals

GUELPH CONVALESCENT HOME

FIFTY or more returned soldiers reached the Guelph Military Convalescent Home from the London Military Hospital on October 19th last. The coming of these men meant the start of a new era at the old Ontario Reformatory, which is now a magnificent institution, fitted up in such a manner that returned soldiers may, through a period of convalescence and vocational training, prepare themselves to again enter civil life. Although the old Reformatory had a world-wide reputation as a modern building, to-day there is not a vestige remaining that would lead anyone to believe that it had once been used as a place of detention. Two wings have been added which have been erected on the standardized Military Hospital basis. Very shortly the building will accommodate the full quota of 850 men, for whom the Hospitals Commission is now making provision. Capt. Urie, who recently returned from Mesopotamia, has been appointed resident House Surgeon. Dr. H. O. Howitt, of Guelph, has also been appointed to the staff. Everyone of the officers who will be in charge of the Guelph Military Convalescent Hospital are veterans of the first contingent.

P.E.I. INSTITUTIONS ENLARGED BY M.H.C.

THE facilities in Prince Edward Island for the care of convalescent soldiers returned from overseas to the Military Hospitals Commission for treatment and re-education have been increased.

The Provincial Government House at Charlottetown, which was taken over for a convalescent home, has been made a 250-bed institution by the addition of a standard 150-bed wing.

The Sir Charles Dalton Sanatorium in North Wiltshire, in which returned men suffering from tuberculosis are treated, has been arranged so as to care for 75 men.

NEW HOSPITAL OPENED

THE Camphill Military Hospital has been opened at Halifax, with a 300-bed equipment. This will be increased to 600 when the other two wings are completed.

LIEUT. KENNEDY ASSUMES COMMAND OF FLEMING HOME

A CHANGE was recently made in the staff of Sir Sandford Fleming Convalescent Home, Ottawa. Lieut. S. A. Kennedy, who has been the officer commanding for a year past, has been given the post of assistant vocational secretary for C unit, Military Hospitals Commission command. He has been replaced in command of the home by Major J. A. MacPherson, who served overseas with the 38th Battalion, and returned from the front early this year.

COL. CASGRAIN IN CHARGE OF CANADIAN HOSPITAL IN FRANCE

WORD was received on October 17th, by Joseph P. Casgrain, assistant postmaster at Windsor, that his brother, Surgeon-Col. H. R. Casgrain, had been appointed to the command of No. 8 Canadian General Hospital in France.

Col. Casgrain left Windsor three years ago in charge of No. 3 Stationary Hospital. During the Dardanelles campaign his unit was located on Lemnos Island, in the Aegean Sea. After recovering from a serious illness, he was sent to England, and was given command of the convalescent hospital at Bushey Park.

CAPT. W. E. OGDEN, medical officer at Spadina Military Hospital, has been granted new stereoscopic X-ray illuminating boxes, which are used for the purpose of better interpreting chest and other internal conditions of the patients.

MAJ. SAMUEL H. MCCOY, C.A.M.C., of St. Catharines, Ont., has been recommended for the D.S.O.

MAJ. CHARLES SAINT PIERRE, C.A.M.C., is attached to the Laval Hospital, at Troyes, France.

LT.-COL. GEORGE BOURGEOIS, C.A.M.C., is on duty at the Saint Cloud Hospital. Lt.-Col. Bourgeois left Montreal in command of the Laval Military Hospital.

LT.-COL. T. C. BEDELL, C.A.M.C., is acting officer commanding the Canadian Convalescent Hospital at Epsom, during the absence on leave of Lt.-Col. Irving, C.A.M.C.

MAJ. J. G. JOHNSON is senior surgeon and Maj. R. N. Sutherland is senior medical officer to No. 1 Canadian Stationary Hospital at Salonika, under the command of Lt.-Col. E. J. Williams, C.A.M.C.

BOOK REVIEW

Orthopedic Surgery. By ROYAL WHITMAN, M.D., M.R.C.S., F.A.C.S. Fifth edition; revised and enlarged. There are 24 chapters and 906 pages, with 704 engravings. Lea & Febiger, Philadelphia and New York.

The subject matter is well arranged, well proportioned, well indexed and beautifully illustrated. On account of the war there is probably at the present moment more thought devoted to the advancement of orthopedic and plastic surgery than to any other department of the healing art. This new and up-to-date edition, by such an authority as Whitman, is just what the busy, progressive practitioner needs. The subject is presented objectively and very acceptably. The methods advised are given in detail, and are those that have stood the acid test of personal experience. This edition should be in the hands of all workers in this especial field; and every general surgeon would profit by perusing the volume.

STRIKING INNOVATION IN NURSES' TRAINING INTRODUCED IN NEW YORK

It will be interesting to note just what effect a recent innovation of the Mayor's Committee of Women on National Defence in New York will have on the training of nurses. For this committee is now urging young girls, recent graduates of private and high schools, to take up nursing as a profession, hoping in this way to fill the unusual demand and release graduate nurses for work in the thick of the European fray, leaving the less experienced at home. The committee is sending out letters to young women of New York city presenting to them the advantages and requirements of this profession, and referring them to various schools of good standing, where they may study.

The rules of these training schools until recently have required all nurses to reside under one roof, have kept them working long hours, and have adhered to a system of chaperonage which does not prevail in other occupations. The long hours of work and many restrictions upon their liberty doubtless have kept from this field many women who might be glad to enter it if the conditions were less difficult.

In recognition of this fact, a number of hospitals have revised their rules so as to make them conform more to the ideas of the modern college or school graduate. Bellevue Hospital heads the list by the establishment of a course for non-resident students, probably the first of its kind in the United States. The schedule for attendance in this course will be arranged on a basis of forty-eight hours' work a week. The first course will open December 1, 1917. No tuition will be charged, but non-residents must bear all their own expenses exclusive of uniforms and text-books.

The Presbyterian Hospital Training School for Nurses has admitted twenty-two more pupil nurses than usual for the courses opening this autumn. Fifty per cent. of the applicants for this course are college graduates. Some of these young women will live in houses loaned for the purpose by public-spirited citizens.

The Post Graduate Hospital has admitted twelve more students than in other years.

Saint Luke's Hospital expects to train twenty additional nurses. In order to make room for these students, it has been arranged that some of the graduate nurses will room outside the hospital, for which purpose an extra allowance is to be given them.

TORONTO NURSES HONORED

THE official *Gazette*, announcing decorations to Canadian nurses, includes the names of Nursing Sister Beatrice Blewett, of 180 Rushton Road, Toronto, and Miss Gertrude Muldrew, daughter of Mr. John Muldrew, of Toronto, who have been made Associate of the Royal Red Cross of the Second Class. Miss Blewett, who is a graduate of Nicholl's Hospital, Peterborough, has seen service at the Dardanelles and in France.

Miss Muldrew went overseas first with the University Hospital staff. For a time she nursed in France, in a British military hospital in Rouen.

When the University Hospital unit left for Saloniki, Miss Muldrew, with the other nurses of the staff, were recalled from France to see service in the east. For a time she was at Malta and Sulva Bay, Gallipoli. Later she returned to the hospital at Saloniki, where she served until she was taken seriously ill. Eventually she returned home to Toronto for a few months' convalescence. Early last spring she left again for England. Since then she has been engaged principally in organizing hospitals. She organized the Crowborough and the Liverpool Military Hospitals. At present she is having a much-needed rest in Scotland.

Miss Muldrew was a graduate of the Johns Hopkins Hospital in Baltimore. After completing her course, she was night superintendent, and later first assistant superintendent at Johns Hopkins. She left there to be superintendent of the Pittsburg General Hospital.

Miss Pauline Ivey (now Mrs. D. E. Robertson), another of the nurses honored with the Red Cross medal, has been serving overseas since the arrival of the first contingent. She is a London nurse and was formerly attached to a hospital at Le Touquet.

THE FIELD OF FRANCE

A THRILLING account of the work of the Medical Corps and the Red Cross in the war zone, is that of Captain Julia Henshaw, in an address which she delivered a short time ago in Montreal under the auspices of the Daughters of the Empire.

Speaking from practical experience and knowledge of the work in the "Field of France," Mrs. Henshaw states that not even in the finest city hospitals are the men better cared for than in the hospitals right in the field. In her address she pictures the journey of the wounded Canadian from the time he limped or was carried back from the trenches, through the advance dressing stations, and by stretcher, ambulance and hospital train, to the marvellously equipped and manned hospitals, where he is nursed back to health, away from the awful roar of battle.

Mrs. Henshaw's comment on the use of tobacco is an important part of her address. "Don't think of cigarettes merely as a luxury, or even a comfort; they are an absolute necessity," she says, and in speaking of the Red Cross supplies sent forward to the advance dressing stations, she further states: "There are plenty of cases of even serious operations when the patient has nothing to ease the pain and shock of operation but a cigarette."

In thus recording her convictions as to the good which the cigarette does, Mrs. Henshaw confirms what has already been written on the subject. Under the title, "They Simply Have to Have It," in a recent issue of *Every Week*, Alex. McD. Stoddart writes: "Soldiers ask first for tobacco when they start out; and when wounded their first request is for the consolation that comes from the puff of a cigarette. The reason is obvious: with the soldier's system in a ceaseless state of tension from danger and excitement, tobacco becomes a real solace and joy, when he can find the time for this well-earned indulgence."

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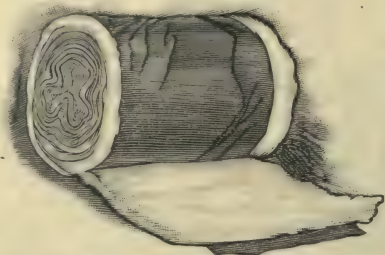
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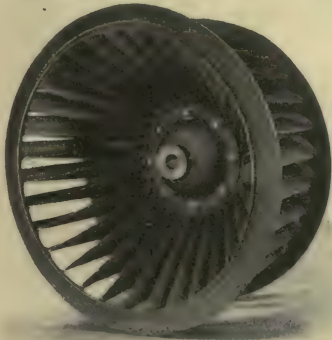
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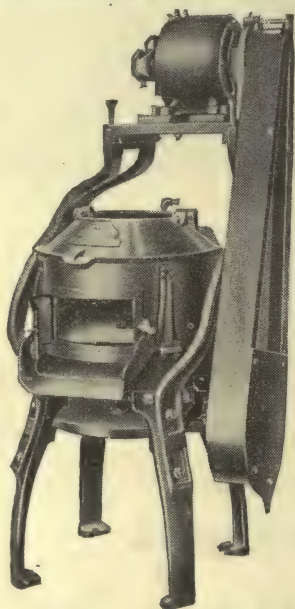
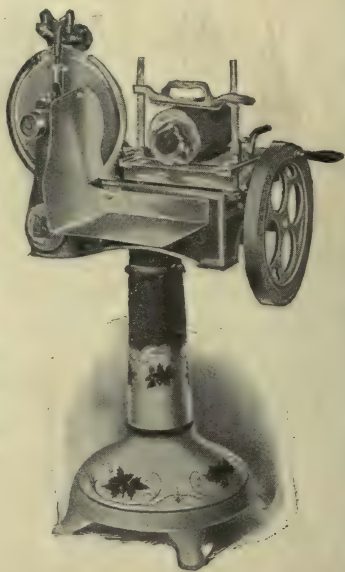
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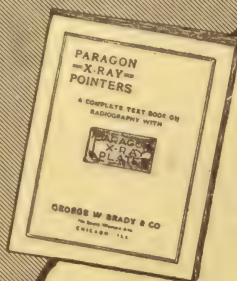
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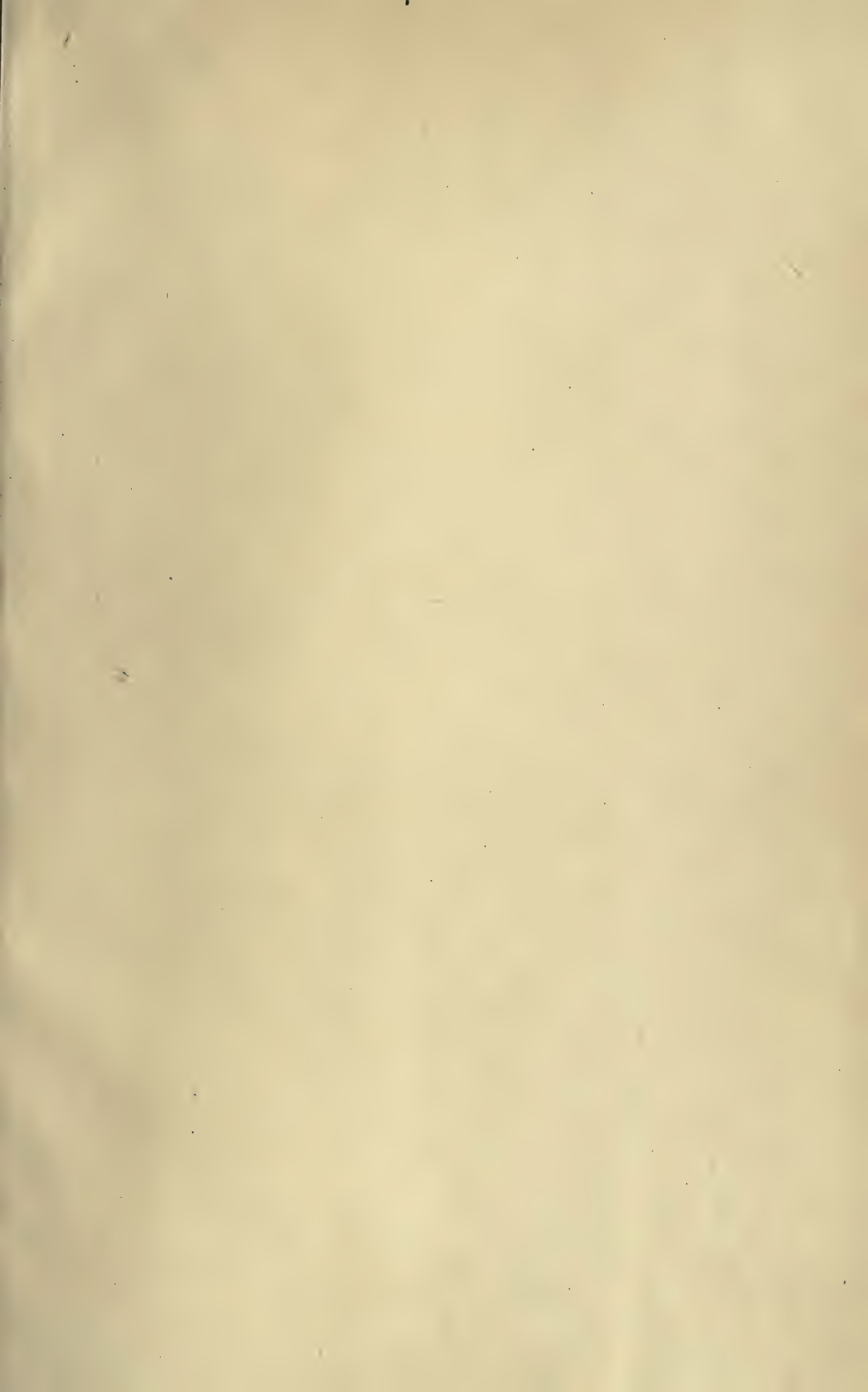
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